

Name
in
Full

Sadie Barton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

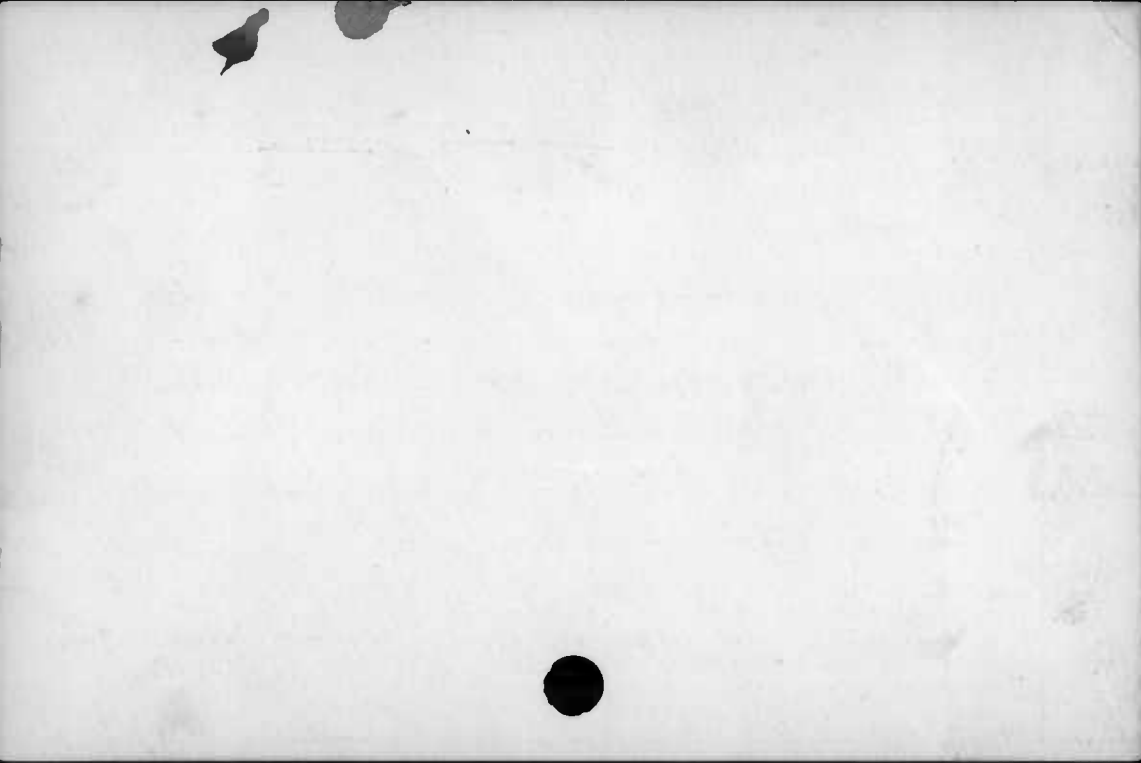
Died at <u>Brooklyn</u> ^{Town}		<u>Primer</u> ^{County}		MARYLAND	
Date of death <u>1904 Jan.</u>	<u>6</u> ^{Month}	<u>6</u> ^{Day}	Age <u>21</u> ^{Years}	<u>—</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>Brooklyn</u>		
Occupation <u>Servant</u>	Where Residing if not at place of death <u>Brooklyn</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Pinkney Barton</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Francis Matthews</u>	Mother's Birthplace <u>Maryland</u>				
Name of person giving information <u>Pinkney Barton</u>	How related to deceased <u>father</u>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <u>Consumption</u>	How long <u>One year</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Robert C. Ballew</u>
	Address <u>Glenndale</u>
Accident or Suicide?	<u>Yes</u>



Name in Full		Still Born				Bouldin		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND		
	Date of death		Month		Day		Years		Months
	1909 Jan		28		Age				Days
	Sex		Color or Race		Birth-place				
	male		White		Laurel				
	Occupation		Where Residing if not at place of death						
	Married, Single or Widowed		Name of Wife or Husband						
PHYSICIAN OR CORONER	Father's Name		Mother's Maiden Name		Father's Birthplace		Mother's Birthplace		
	Marion Bauldin		Ethel Leatherwood		Md		Md		
	Name of person giving information		Marion Bauldin		How related to deceased		Father		
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary		Still born		How long		8		
	Immediate				How long				
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Thy B... ..		
					Address		Laurel Md		
	Accident or Suicide?		No						

Wm



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James Norman Brady

Died at *Hill's Landing* ^{Town} *Prima* ^{County} *Angus*

MARYLAND

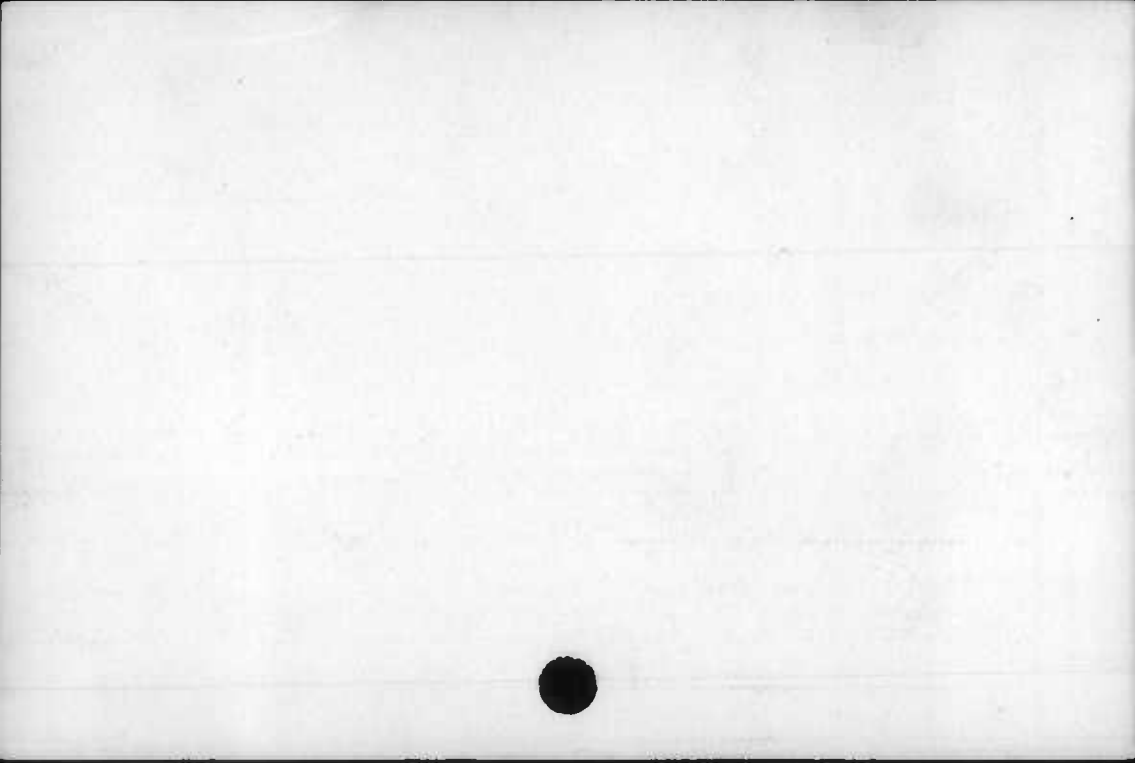
Date of death *1909 January 1st* ^{Month} ^{Day} ^{Year} Age *39* ^{Months} ^{Days}Sex *Male* Color or Race *White* Birth-place *Ind*Occupation *OR Manager of Central House* Where Residing if not at place of deathMarried ☒ or Widowed Name of Wife or ~~Husband~~ *Mathie Brady*Father's Name *James H. Brady* Father's Birthplace *Ind*Mother's Maiden Name *Mary P. Taylor* Mother's Birthplace *Ind*Name of person giving information *Basie F. Brady* How related to deceased *Brother*

CAUSES OF DEATH

158

Primary *Acute Melancholia* How long *6 mos*Immediate *Drowning* How longAre the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *J. Alfred Rickard, Jr.*
Address *acting physician, Upper Marlboro, Ind*

Accident or Suicide?



Name
in
Full

Edward Francis Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Crown* TownCounty *Pr Geo*Date of death *1908* *Jan* MonthDay *18*

Age

Years

Months *6*Days *9*Sex *male*Color or
Race*Colored*Birth-
place*Crown md*

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*Rev J R. Brown*Father's
Birthplace*va*Mother's
Maiden Name*Elyse B. Wallace*Mother's
Birthplace*va*Name of person giving
information*John R Brown*How related
to deceased*father*

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary

Malnutrition

How long

1 week

Immediate

Exhaustion

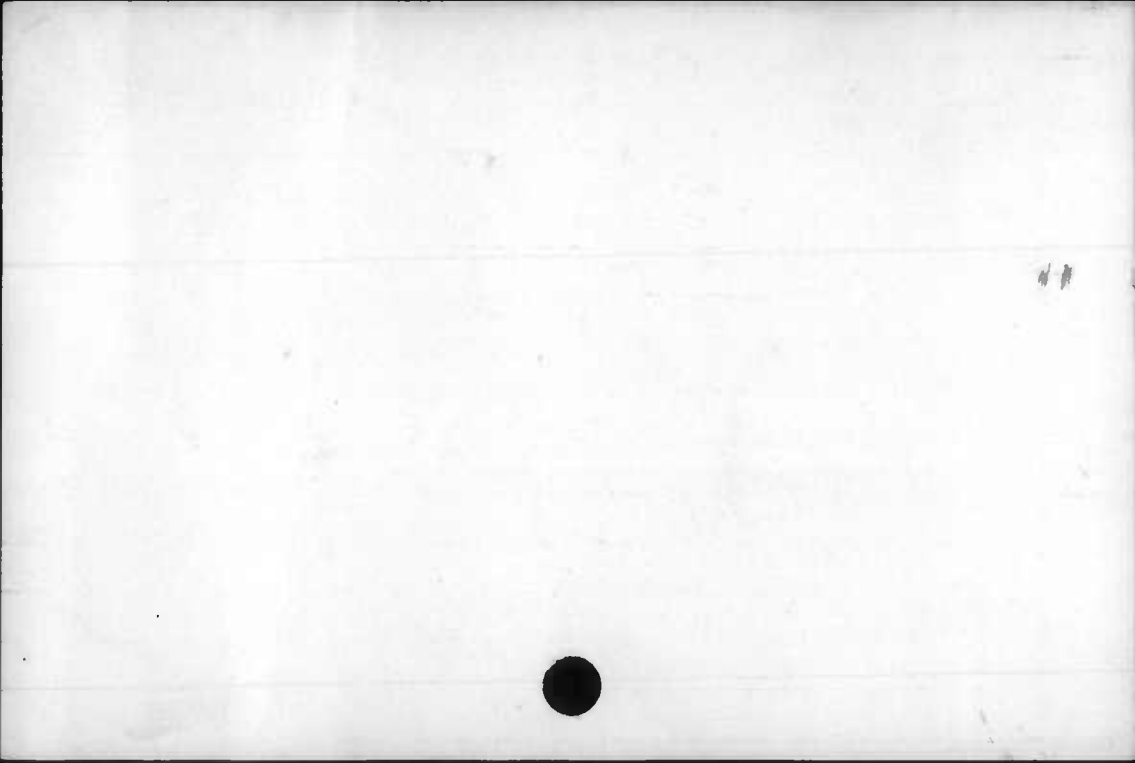
How long

*2 days*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Ed. H. Gibson*

Address

Crown md

Accident or Suicide?



Name

in
Full

CERTIFICATE OF DEATH

Lillian Francis Brown

Town

County

MARYLAND

Died at *near Landover**Prince George's*

Date

Month

Day

Years

Months

Days

of death

*1909**Jan**3*

Age

*7**14*

Sex

*Female*Color or
Race*Black*Birth-
place*near Landover*

Occupation

*Infant*Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*Joseph D. Brown*Father's
Birthplace*Md*Mother's
Maiden Name*Elizabeth Ward*Mother's
Birthplace*Md*Name of person giving
information*Joseph D. Brown*How related
to deceased*Father*

CAUSES OF DEATH

104

Primary

Acute Indigestion

How long

Immediate

Convulsions

How long

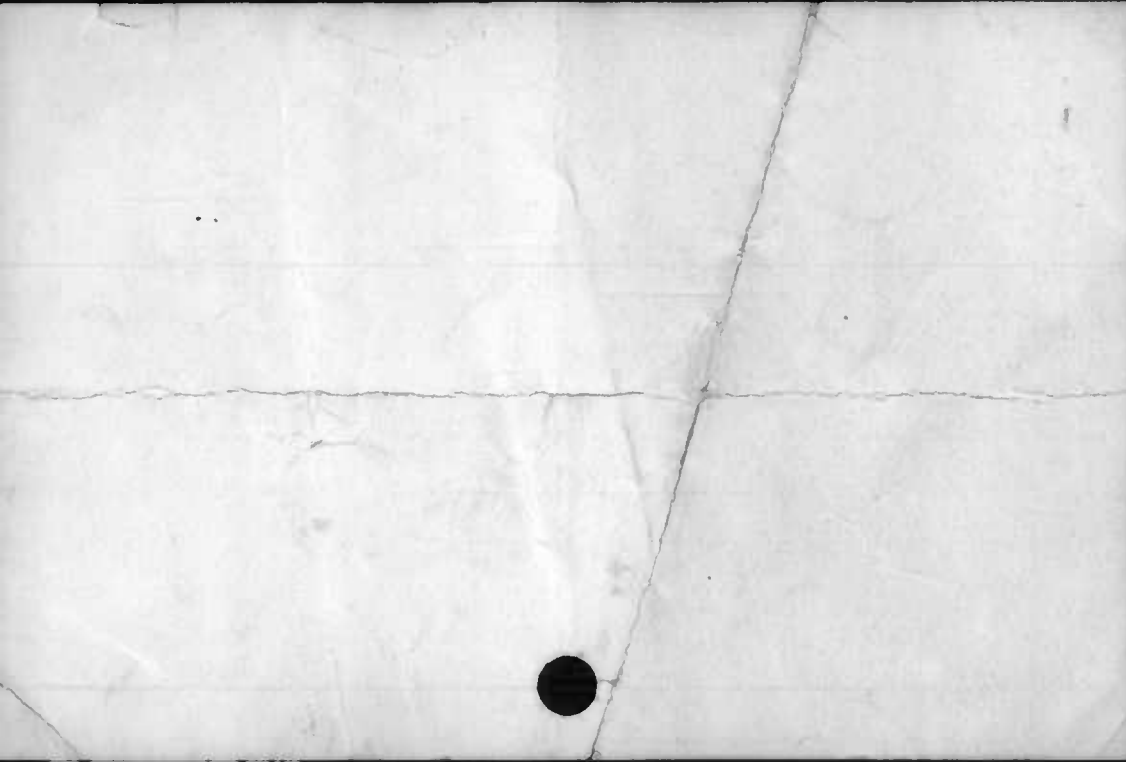
*A few hours*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*C. W. Lindquist, M.D.**Hyattsville Md*

Accident or Suicide?

*—*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Gloyd Brown

CERTIFICATE OF DEATH

Died at near up. Marlboro

P. Geo County

MARYLAND

Date
of death 1909

Month 1

Day 26

Age 67

Years

Months

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Md

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Jane Brown

Father's
Name

Unknown

Father's
Birthplace

Md

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Md

Name of person giving
In formation

Thomas Perry

How related
to deceased

None

CAUSES OF DEATH

91

Primary

Chronic Bronchitis

How long

4 yrs

Immediate

Edema lungs

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

yes

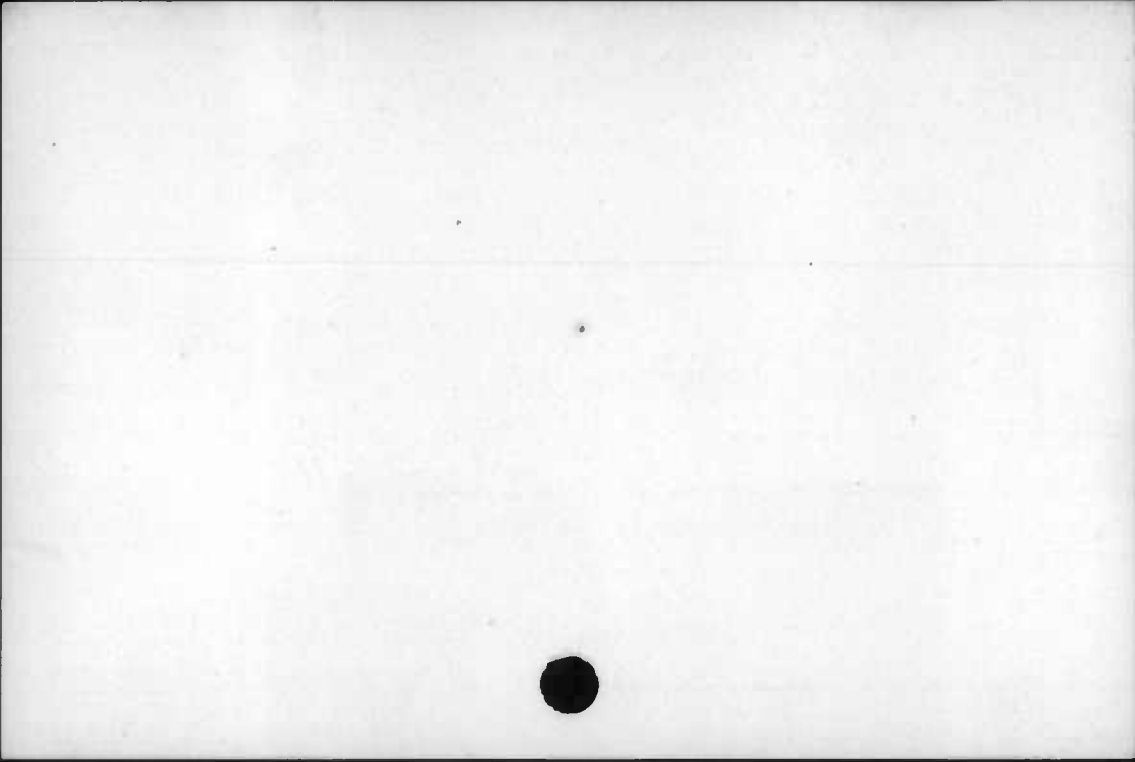
Signature of
Physician

Address

Reverdy Lacroix
up. Marlboro
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

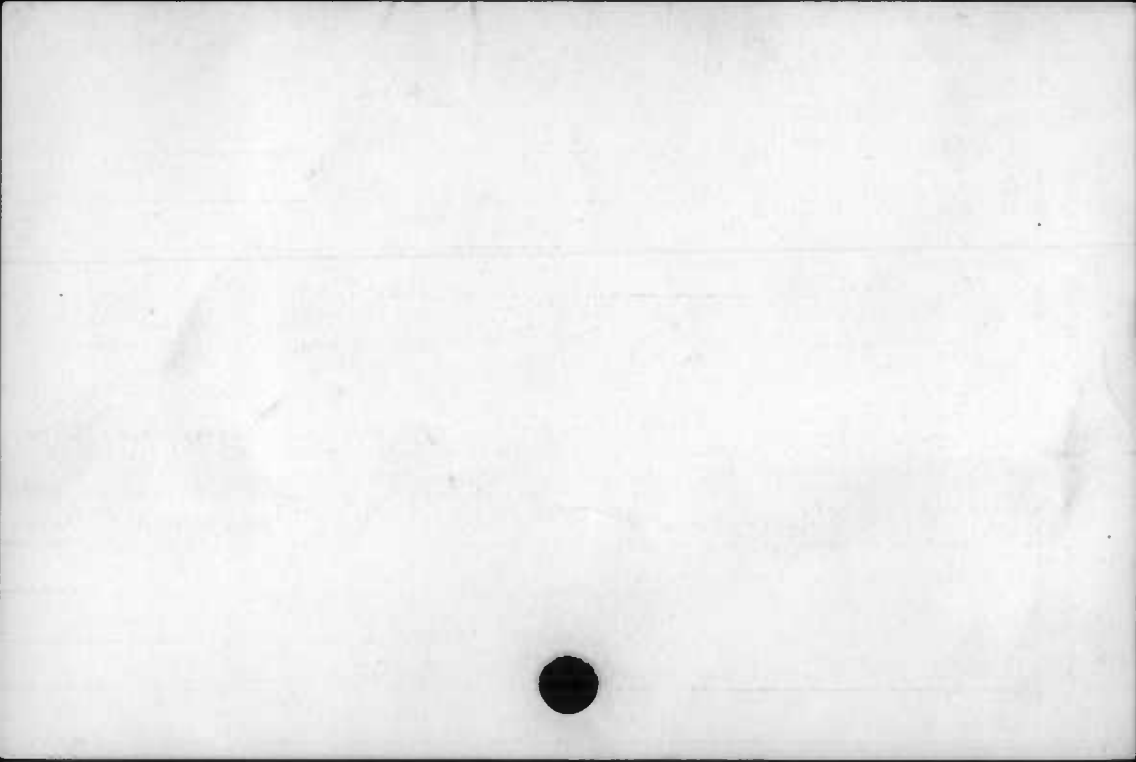
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Laurel</i> ^{Town}		<i>Prince George</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	Month <i>Jan.</i>	Day <i>Friday</i>	Age <i>13</i> Years <i>5</i>	Months <i>4</i> Days <i>15</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Murkirk Md.</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>John H. Burke</i>	Father's Birthplace <i>Balto. County</i>				
Mother's Maiden Name <i>Elizabeth E. Burke</i>	Mother's Birthplace <i>Anne Arundel Co.</i>				
Name of person giving information <i>Emmett H. Burke</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>2 mo</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Dineen</i>
	Address <i>Laurel Md</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Mary Jane Butler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cedarville</u> ^{Town}		<u>P. H.</u> ^{County}		MARYLAND	
Date of death <u>1909</u>	<u>1</u> ^{Month}	<u>31</u> ^{Day}	<u>68</u> ^{Years}	<u></u> ^{Months}	<u></u> ^{Days}
Sex <u>female</u>	Color or Race <u>Colored</u>		Birth-place <u>Ind</u>		
Occupation <u>Housewife</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>widow</u>		Name of Wife or Husband <u>John F. Butler</u>			
Father's Name <u>Smith Butler</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>not known</u>			Mother's Birthplace <u>not known</u>		
Name of person giving information <u>Marcellus Butler</u>			How related to deceased <u>son</u>		

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<u>Cerebral Hemorrhage</u>	How long	<u>weeks</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>John A. Cor</u>	
		Address <u>Ind</u>	
Accident or Suicide?			



Name
in
Full

Anne Cogdell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

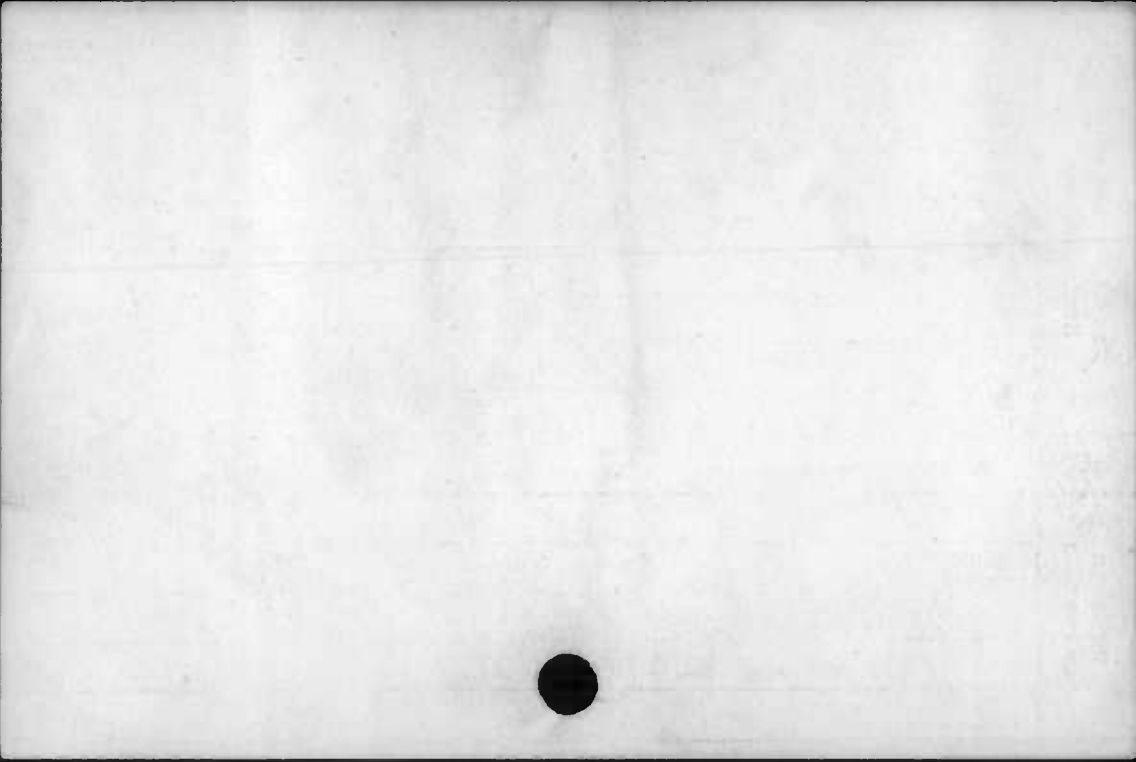
Died at <i>Beltsville</i> <small>Town</small>		<i>Prince George</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>June</i> <small>Month</small>	<i>1</i> <small>Day</small>	Age <i>46</i> <small>Years</small>	<i></i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>female</i>	Color or Race <i>Colored</i>		Birth-place <i>North Carolina</i>		
Occupation <i>book</i>	Where Residing if not at place of death <i>At D. C.</i>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>unknown</i>				
Father's Name <i>Henry Jones</i>	Father's Birthplace <i>N. C.</i>				
Mother's Maiden Name <i>don't know</i>	Mother's Birthplace <i>Nathansburg</i>				
Name of person giving information <i>Virgill T Cogdell</i>	How related to deceased <i>son</i>				

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary <i>Struck by R.R. Train</i>	How long <i>Immediate</i>
Immediate <i>on B + O.R.R.</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Augustus H. Dahler</i>
	Address <i>Acting Coroner</i>
Accident or Suicide? <i>don't know</i>	<i>Bladenburg Md.</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Calverna Cronmiller
Town *Saunder* County *Prince George*

MARYLAND

Died at *Saunder*

Date of death *1909 Jan.*

Day *14* Age *80*

Months *—* Days *—*

Sex *Female*

Color or Race *white*

Birth-place *Baltr.*

Occupation *House-work*

Where Residing if not at place of death *at place of death*

Married, Single or Widowed *Single*

Name of Wife or Huaband

Father's Name *John Cronmiller*

Father's Birthplace *Baltr.*

Mother's Meiden Name *Mary Kelling*

Mother's Birthplace *N. Y.*

Name of person giving Information *John Cronmiller*

How related to daceasid *Brother*

CAUSES OF DEATH

Primary *Pneumo. Pneumonia*

94
How long *2 days*
How long *—*

Immadiate

Are the name, age, sex, color, date and pleca correctly given abova?

Yes

Signature of Physician

John Cronmiller
Address *2 tr. Baltr.*



Accident or Suicide

Saunder. Md.

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Date

of death

1909

Month

1

Day

29

Age

9

Years

Months

11

Days

14

Sex

Female

Color or
Race

Colored

Birth-
place

Md

Occupation

None

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Chas Dockett

Father's
Birthplace

Unknown

Mother's
Maiden Name

Phoebe Spencer

Mother's
Birthplace

11

Name of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Whooping Cough

How long

5 mo

Immediate

Epidemic

How long

Are the name, age, sex, color, data
and place correctly given above?Signature of
Physician

Address

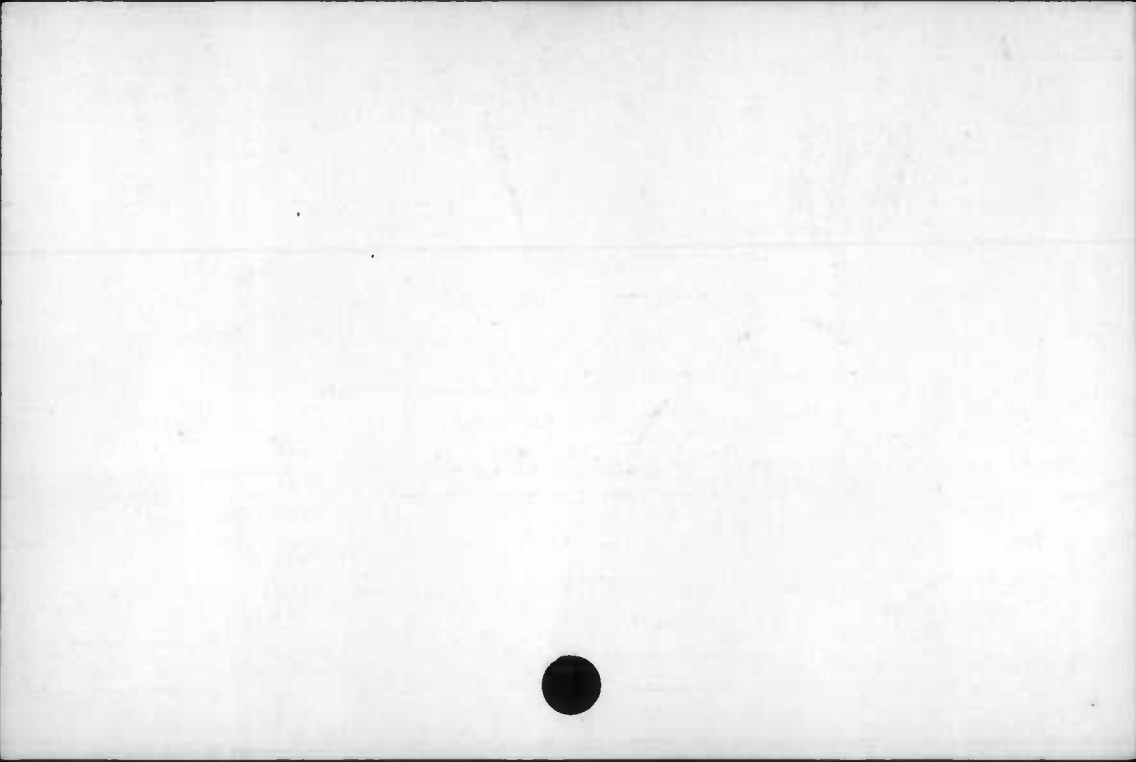
F. R. Dufour
Mitchellville
Md

Accident or Suicide

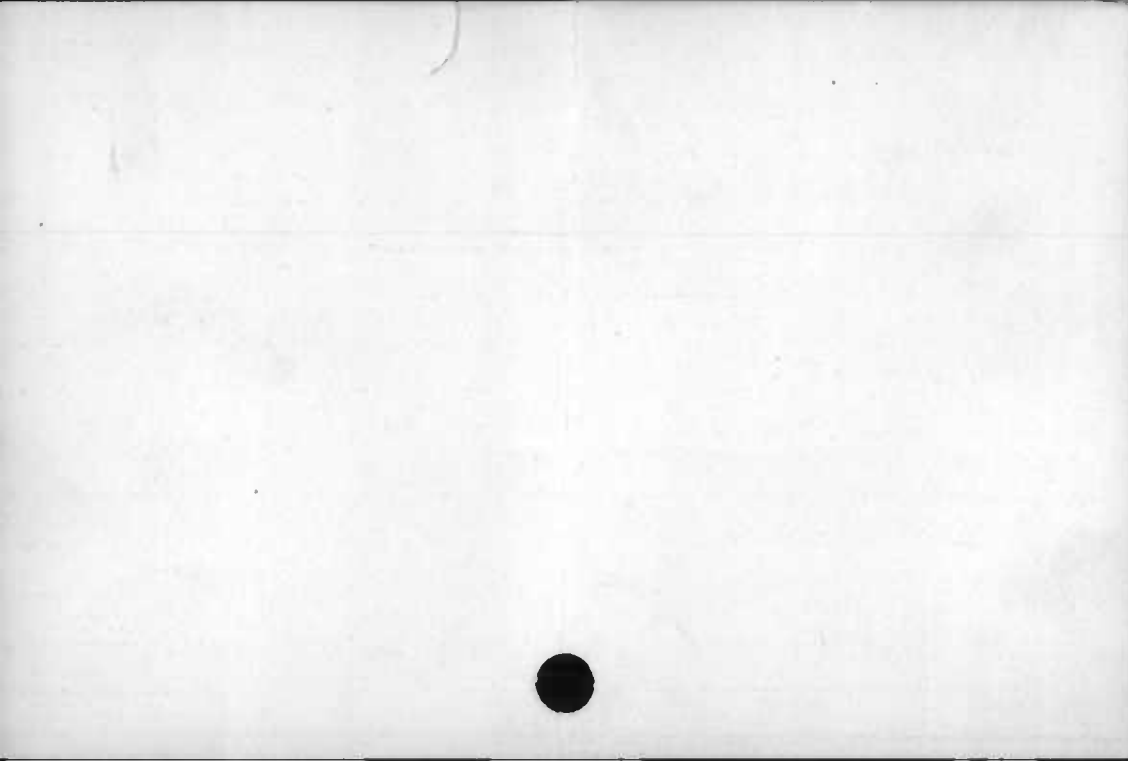
TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		James Duckett				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		T.B. Town		Po. Geo County		MARYLAND
	Date of death		1909	Month 1	Day 15	Age 8	Months 3 Days
	Sex		male		Color or Race Colored		Birth-place Md
	Occupation		room		Where Residing if not at place of death		
	Married, Single or Widowed		Single		Name of Wife or Husband		
	Father's Name		Henry Duckett			Father's Birthplace Md	
	Mother's Maiden Name		Mary J Warr			Mother's Birthplace Md	
Name of person giving information		Henry Duckett			How related to deceased		
27		CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary		Pulmonary Tuberculosis			How long 2 yrs	
	Immediate		Exhaustion			How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician John A. Coe		
	Address		T.B.			Accident or Suicide?	



Name in Full		Town		County		CERTIFICATE OF DEATH	
Amelia Ferguson		Hael		Prince George's		MARYLAND	
Died at		Date of death		Age		Months Days	
1909 Jan.		25th		77 Years			
Sex Female		Color or Race White		Birth-place		Maryland	
Occupation		Where Residing if not at place of death					
Housewife		✓					
Married, Single or Widowed		Name of Wife or Husband					
Widowed		Elice Ferguson					
Father's Name		Father's Birthplace					
Fielder Hayes		Maryland					
Mother's Maiden Name		Mother's Birthplace					
Not known		Maryland					
Name of person giving information		How related to deceased					
John T. Ferguson		Son					
2		CAUSES OF DEATH		66			
Primary		How long					
Paralysis		10 days					
Immediate		How long					
Inflammation		2 days					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
Yes		Address					
		Hael, P. G. Co.					
Accident or Suicide? ✓		Maryland					



Name
in
Full

Bridget Flynn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

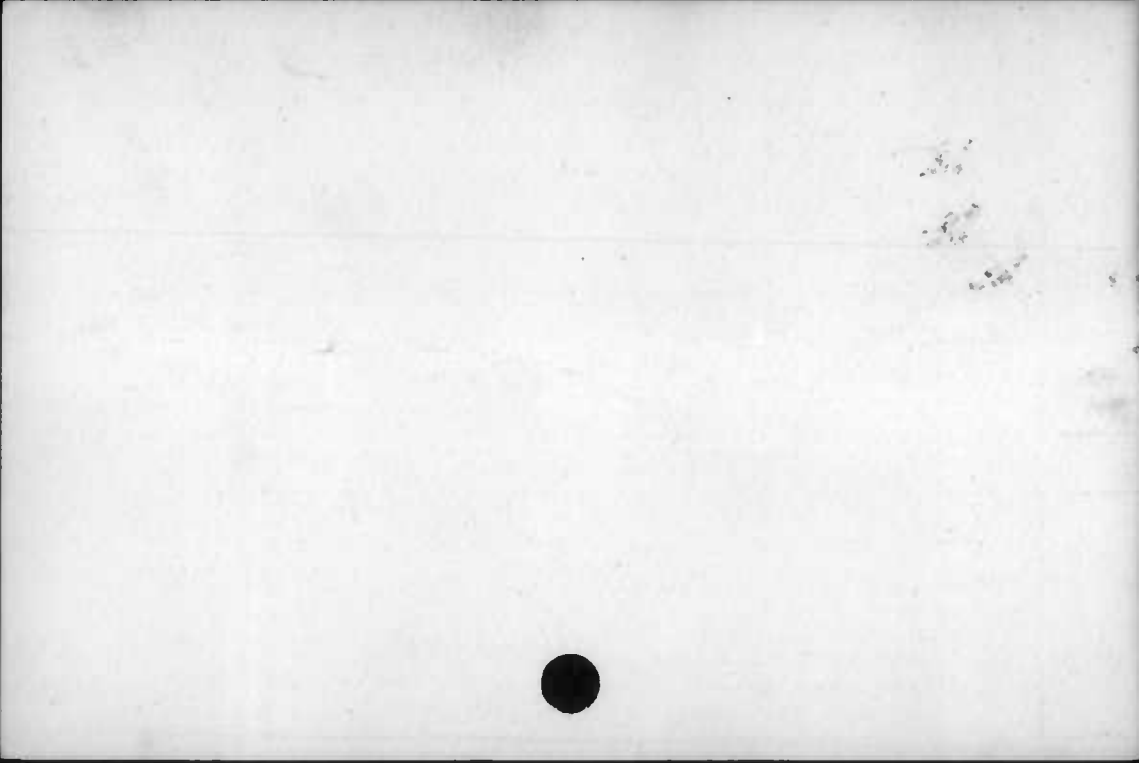
Died at <i>Mt. Rainier</i> <small>Town</small>		<i>Crane George</i> <small>County</small>		MARYLAND	
Date of death <i>1909</i>	<i>1</i> <small>Month</small>	<i>31</i> <small>Day</small>	<i>-</i> <small>Years</small>	<i>3</i> <small>Months</small>	<i>-</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Mt. Rainier</i>		
Occupation <i>-</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>-</i>			Name of Wife or Husband <i>-</i>		
Father's Name <i>Richard Flynn</i>			Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Mary Mannix</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Richard Flynn</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary <i>Malformation of Spinal Column</i>	How long <i>from birth</i>
Immediate <i>Miscellaneous</i>	How long <i>2 mrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Harry Halley M.D.</i>
	Address <i>Mt. Rainier Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

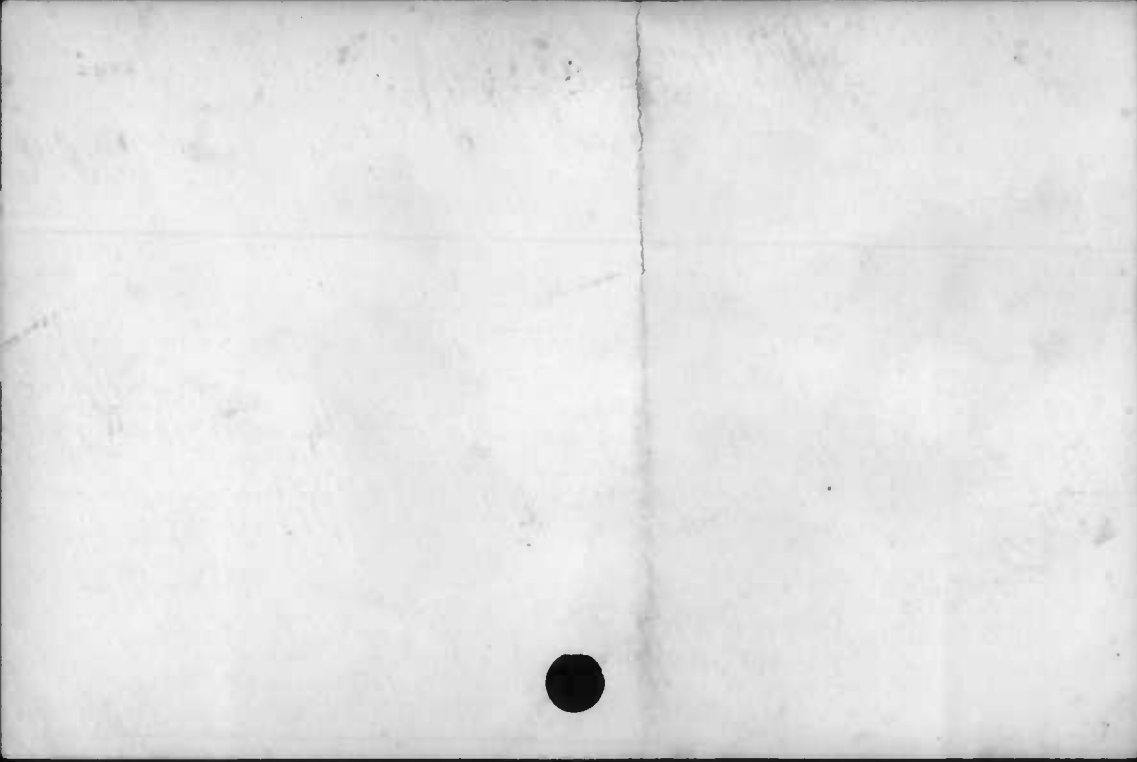
Walter Biggs Fowler
Died at ^{town} Westwood County Prince George MARYLAND
Date of death 1909 Month 1- Day 15- Age 90 Years Months Days 26
Sex Male Color or Race Colored Birth-place Charles Co, Md
Occupation Farmer Where Residing if not at place of death Westwood
Married, Single or Widowed Name of Wife or Husband Ann Ford
Father's Name unknown Father's Birthplace unknown
Mother's Maiden Name unknown Mother's Birthplace unknown
Name of person giving In formation James H. Warner How related to deceased Son in Law

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary Old age How long
Immediate How long 10. days-
Are the name, age, sex, color, date and place correctly given above? Yes
Signature of Physician Jos H Fowler
Address Baden, Md-
Accident or Suicide?



Name
in
Full

Louise Frisau

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

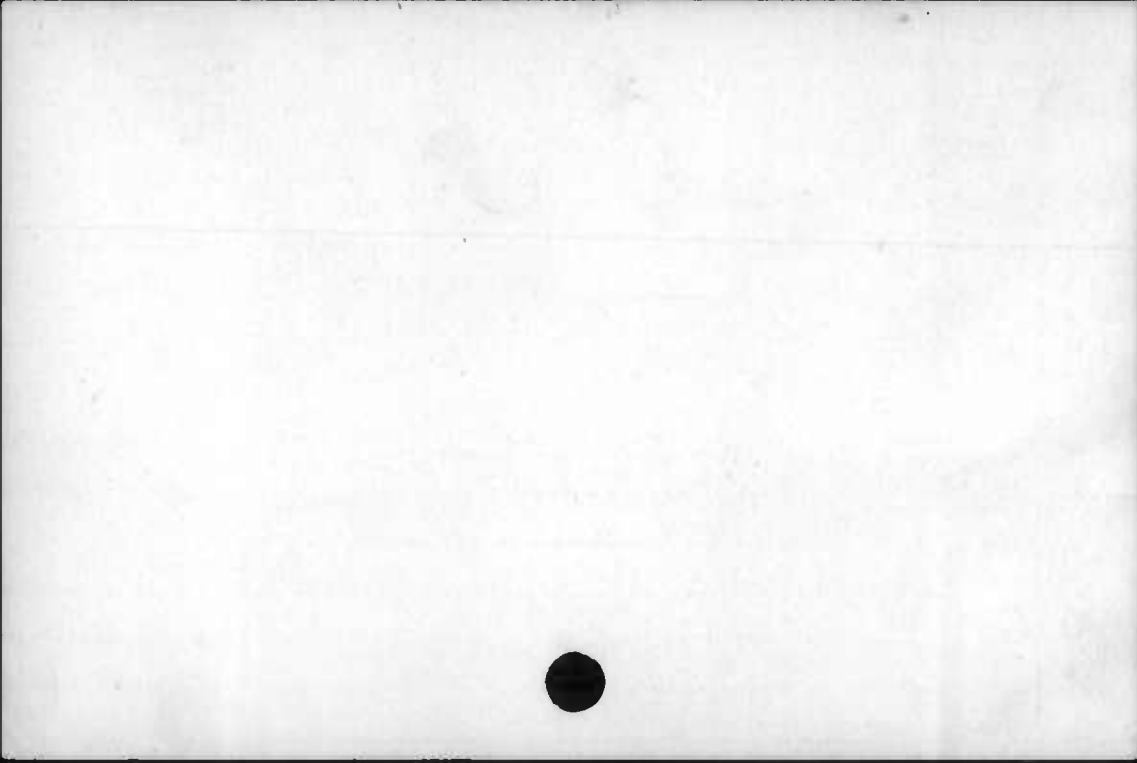
Died at <i>Brentwood</i>		Town		<i>P. D.</i>		County		MARYLAND	
Date of death <i>1909 Jan</i>		Month		Day <i>14</i>		Years		Months	
Sex <i>Female</i>		Color or Race <i>White</i>		Age		Years		Months	
Occupation		Where Residing if not at place of death		Birth-place <i>Brentwood Md</i>		Days <i>8 Hours</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband		Father's Name <i>Louis Frisau</i>		Father's Birthplace <i>Wash DC</i>			
Mother's Maiden Name <i>Rosalind Frisau</i>		Name of person giving information <i>Father</i>		Mother's Birthplace <i>Winchester Va</i>		How related to deceased			

PHYSICIAN
OR CORONER

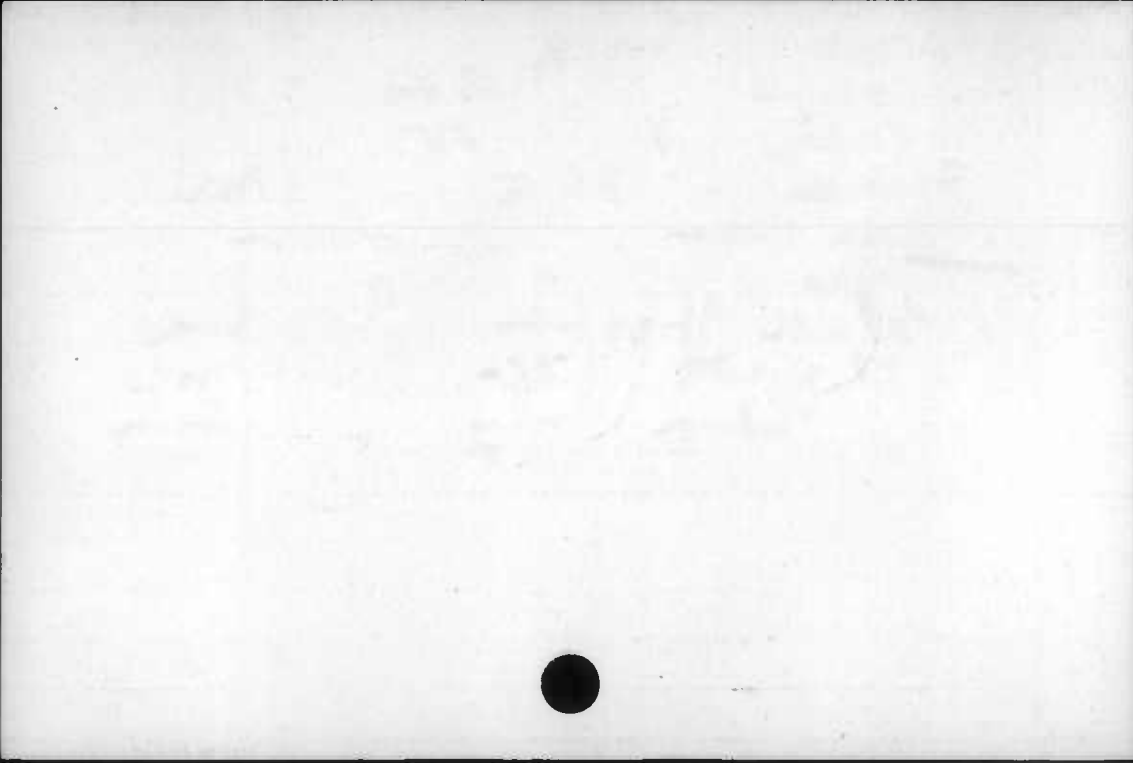
CAUSES OF DEATH

150

Primary	<i>Congenital Cyanopathy</i>	How long	<i>a few hours.</i>
Immediate	<i>Asphyxia</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>John F. Keenan M.D.</i>	
		Address <i>Brentwood Md.</i>	
Accident or Suicide?			



Name in Full		Chlor Ann Gordon				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Brandywine</u> ^{Town}		<u>Porter</u> ^{County}		MARYLAND	
		Date of death <u>1909</u> <u>1</u> ^{Month} <u>22</u> ^{Day}		Age <u>about 73</u> ^{Years}		Months <u> </u> Days <u> </u>	
		Sex <u>female</u>		Color or Race <u>Colored</u>		Birth-place <u>MD</u>	
		Occupation <u>none</u>		Where Residing if not at place of death <u> </u>			
		Married, Single or Widowed <u>widow</u>		Name of Wife or Husband <u>John Gordon</u>			
		Father's Name <u>not known</u>				Father's Birthplace <u>not known</u>	
		Mother's Maiden Name <u>not known</u>				Mother's Birthplace <u>not known</u>	
		Name of person giving information <u>James Gordon</u>				How related to deceased <u>Son</u>	
7		CAUSES OF DEATH				79	
PHYSICIAN OR CORONER		Primary <u>Cardiac dropsey</u>				How long <u>one month</u>	
		Immediate <u>Suffocation</u>				How long <u>1 or 2 days</u>	
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>				Signature of Physician <u>John A. Cor</u>	
						Address <u>Z.B.</u>	
		Accident or Suicide? <u> </u>					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Jamie</i>		County <i>P. 40</i>		MARYLAND							
Date of death		Month		Day		Years		Months		Days			
1909		July		9		Age 55		11		"			
Sex		Female		Color or Race		White		Birth-place		Ma			
Occupation				House Keeper				Where Residing if not at place of death				Jama	
Married, Single or Widowed				yes				Name of Wife or Husband				"	
Father's Name				Clarence Herbert				Father's Birthplace				Md	
Mother's Maiden Name				Elizabeth Hill				Mother's Birthplace				Ma	
Name of person giving information				Clarence Gray				How related to deceased				Son	

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary		Apoplexy		How long		2 days.	
Immediate				How long			
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Wm. C. H. H. H.	
				Address		Baltimore	
Accident or Suicide?							



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Marlboro jail</i>		Town <i>Prin</i>		County <i>Bay</i>
	Date of death <i>1909 Jan 27</i>		Age <i>about 51</i>		Months <i>—</i> Days <i>—</i>
	Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>Not Known</i>		
	Occupation <i>Not Known</i>	Where Residing if not at place of death <i>Branchville Dist.</i>			
	Married, Single or Widowed <i>Not Known</i>	Name of Wife or Husband <i>Not Known</i>			
	Father's Name <i>Not Known</i>		Father's Birthplace <i>Not Known</i>		
	Mother's Maiden Name <i>Not Known</i>		Mother's Birthplace <i>Not Known</i>		
	Name of person giving information <i>H. M. Gore, Jail Warden</i>		How related to deceased <i>none</i>		
<div style="display: flex; justify-content: space-between; align-items: center;"> 4 <div style="border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; font-size: 2em;">167</div> </div>					
PHYSICIAN OR CORONER	Primary <i>Burning</i>		How long <i>2 weeks</i>		
	Immediate <i>Paralysis</i>		How long <i>72 hours</i>		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. Alfred Richely, Jr.</i>		
	<i>Yes</i> <i>over</i>		Address <i>Acting Coroner</i> <i>W. P. Marlboro, Md.</i>		
Accident or Suicide? <i>—</i>					

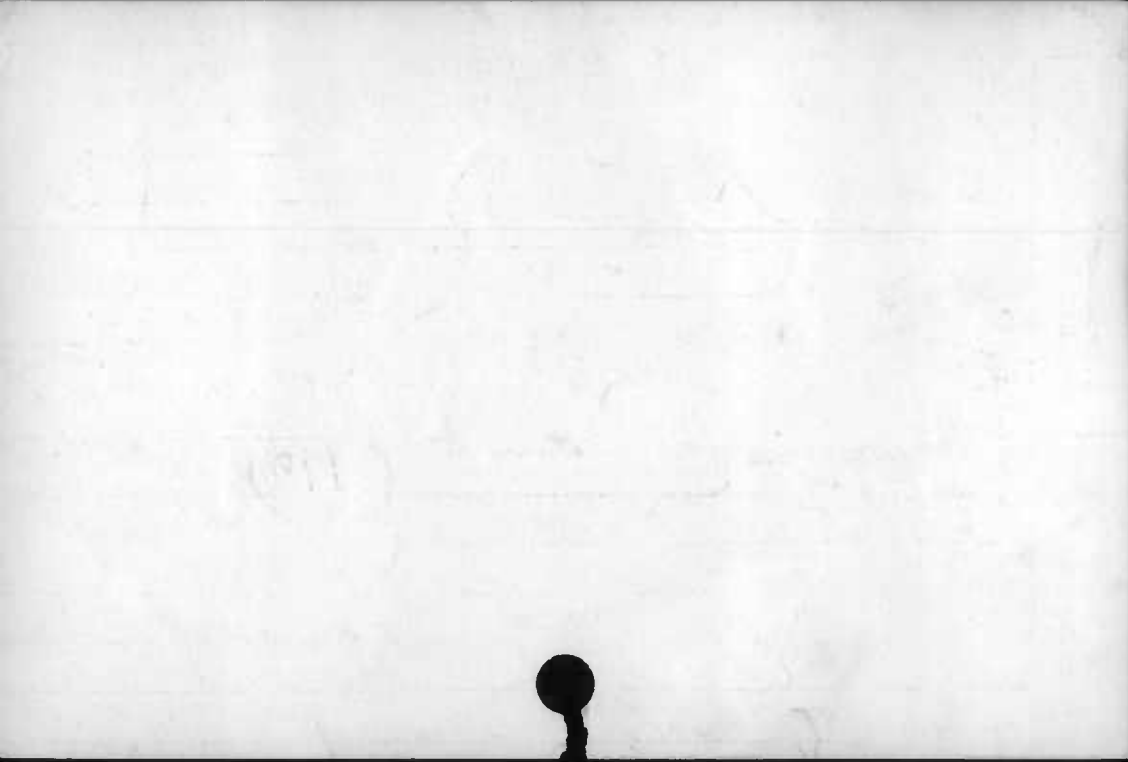
Burns by falling in fire. Legs and arms.

**TO BE ANSWERED BY
NEAREST FRIEND**

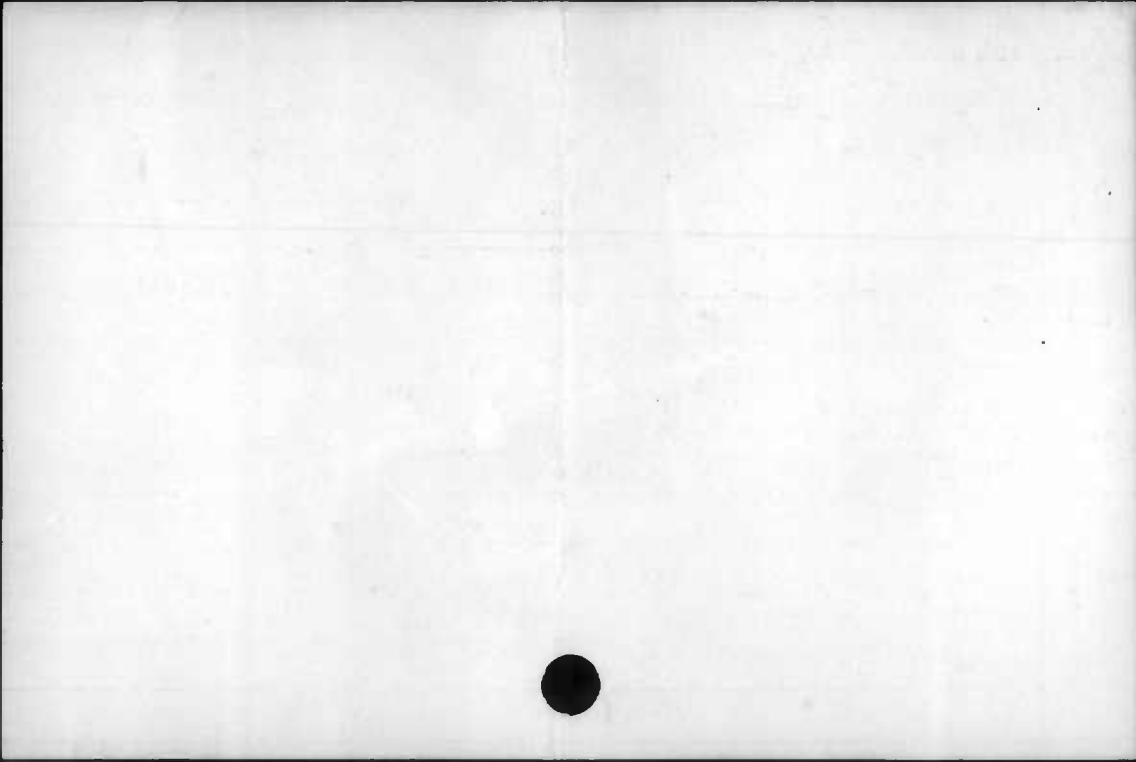
PHYSICIAN
OR CORONER

MARYLAND

Mad



Name in Full		Henry Heller				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Bladensburg		Prisco		MARYLAND	
	Date of death	1909	June	27	Age	79	Months No
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Wheelwright		Where Residing if not at place of death		✓	
	Married, Single or Widowed	Widowed		Name of Wife or Husband		Christina Heller	
	Father's Name	Henry Heller				Father's Birthplace	Germany
	Mother's Maiden Name	Unknown				Mother's Birthplace	Germany
	Name of person giving information	Fred Heller				How related to deceased	Son
CAUSES OF DEATH						(64)	
PHYSICIAN OR CORONER	Primary	Arterio-sclerosis				How long	Many years
	Immediate	Cerebral Haemorrhage				How long	Immediate
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	S. W. Hatties	
					Address	Hyattsville	
	Accident or Suicide?		Neither				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Branchville* ^{Town} *Pr. Geo.* ^{County}

Date of death *1909* ^{Year} *Jan* ^{Month} *28* ^{Day} Age *28* ^{Years} Months *—* Days *—*

Sex *Male* Color or Race *White* Birth-place *Md*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Caleb Hezekiah Howard*

Father's Birthplace *Georgia*

Mother's Maiden Name *Ellen May Tucker*

Mother's Birthplace *Md*

Name of person giving information *Caleb H Howard*

How related to deceased *Father*

CAUSES OF DEATH

8

Primary *Still Born*

How long *—*

Immediate *—*

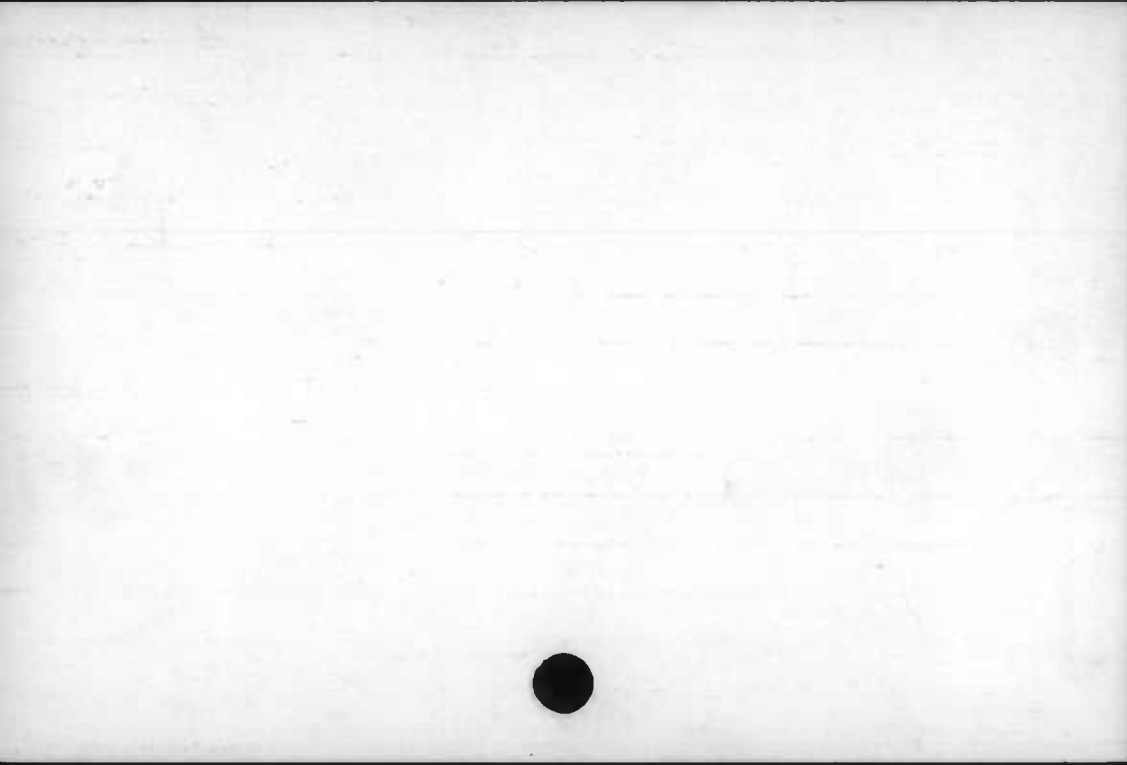
How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *A. H. Haines*

Address *Berwyn Md*

Accident or Suicide? *—*



Name
in
Full

Philbert Louis Ladson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

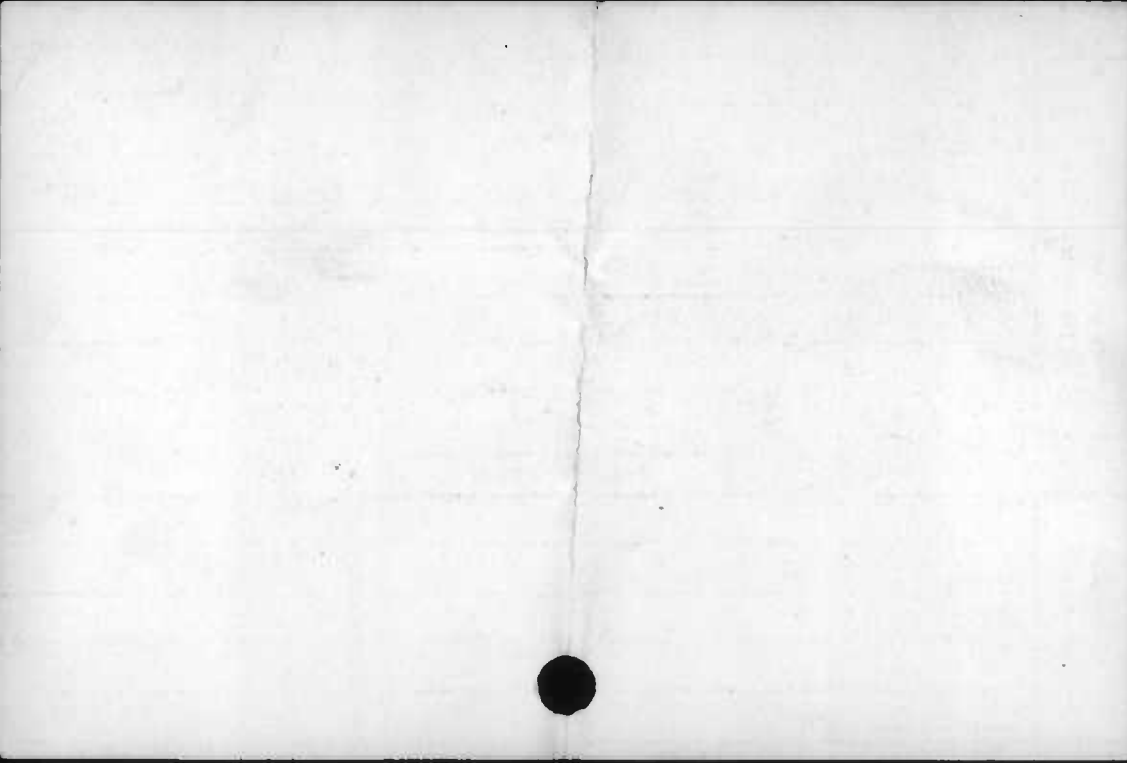
Died at ^{Town} Hyattsville		^{County} Prince Geo.		MARYLAND	
Date of death	1909	Month	Jan	Day	10
Age		Years	2	Months	6 days
Sex	male	Color or Race	white	Birth-place	DC.
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Charles L Ladson		
Father's Birthplace			DC.		
Mother's Maiden Name			Leola Day		
Mother's Birthplace			MD		
Name of person giving information			Charles L Ladson		
How related to deceased			Father.		

CAUSES OF DEATH

109

PHYSICIAN
OR CORONER

Primary	Dr. Miller, not known	How long	x
Immediate	Hemorrhage from bowel	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		H. G. W. Williams	
Address		Hyattsville, Md.	
Accident or Suicide?		no	



Name
in
Full

Ann E. Lancaster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

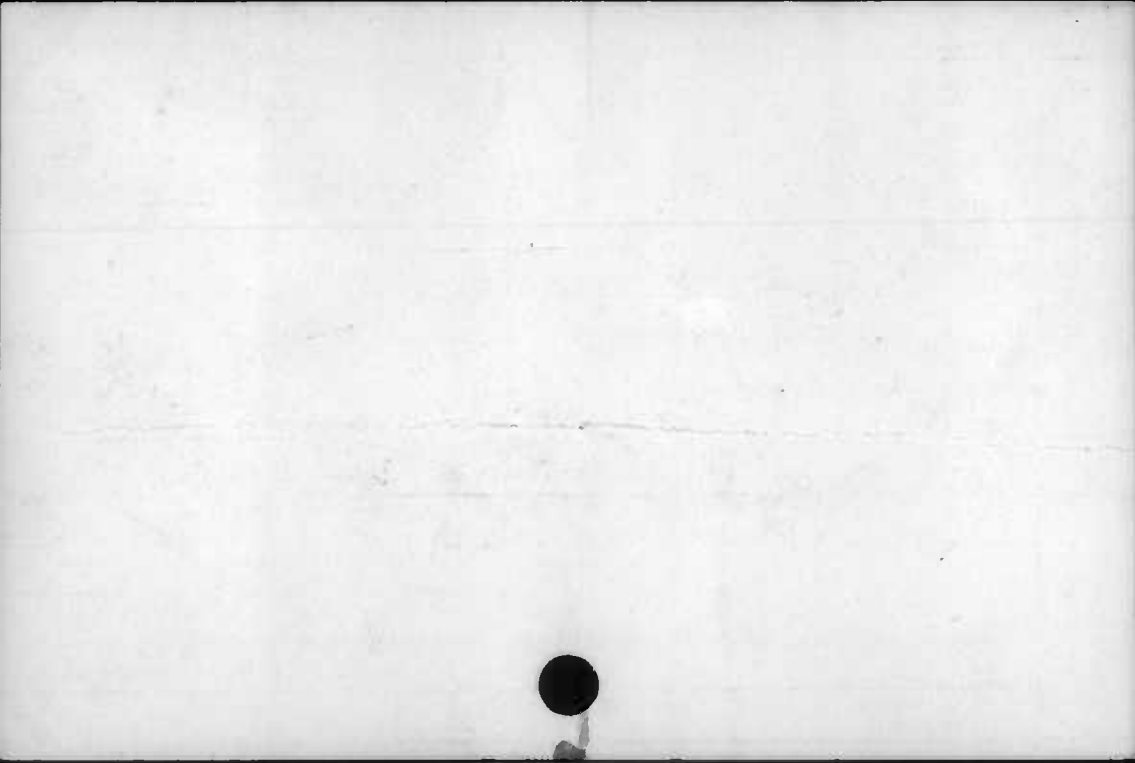
Died at <i>Riversdale</i> ^{Town}		<i>Prince</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	Month <i>Jan</i>	Day <i>29</i>	Age <i>5-9</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Washington D C</i>		
Occupation <i>none</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Henry C Lancaster</i>			
Father's Name <i>Wm O Edlich</i>			Father's Birthplace <i>Pennsylvania</i>		
Mother's Maiden Name <i>Mary Ann Maher</i>			Mother's Birthplace <i>Philad Pa</i>		
Name of person giving information <i>H C Lancaster</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>6 days</i>
Immediate <i>Paralysis of the heart</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Joseph A. Gardner M.D.</i>
	Address <i>Hyattsville</i>
Accident or Suicide? <i>No</i>	<i>Ind</i>



Name
in
Full

CERTIFICATE OF DEATH

T Robert Linnis

Town

County

MARYLAND

Died at

Baltimore

Prince Georges

Date

1909 Jan

Month

Day

18

Age

Years

5 1/2

Months

Days

Sex

Male

Color or
Race

Coloured

Birth-
place

Baltimore

Occupation

Where Residing if not
at place of death

Baltimore

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Walter Linnis

Father's
Birthplace

Mother's
Maiden Name

Ella Linnis

Mother's
Birthplace

MD

Name of person giving
In formation

John Barton

How related
to deceased

Cousin

CAUSES OF DEATH

93

Primary

11 pneumonia

How long

3 Months

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

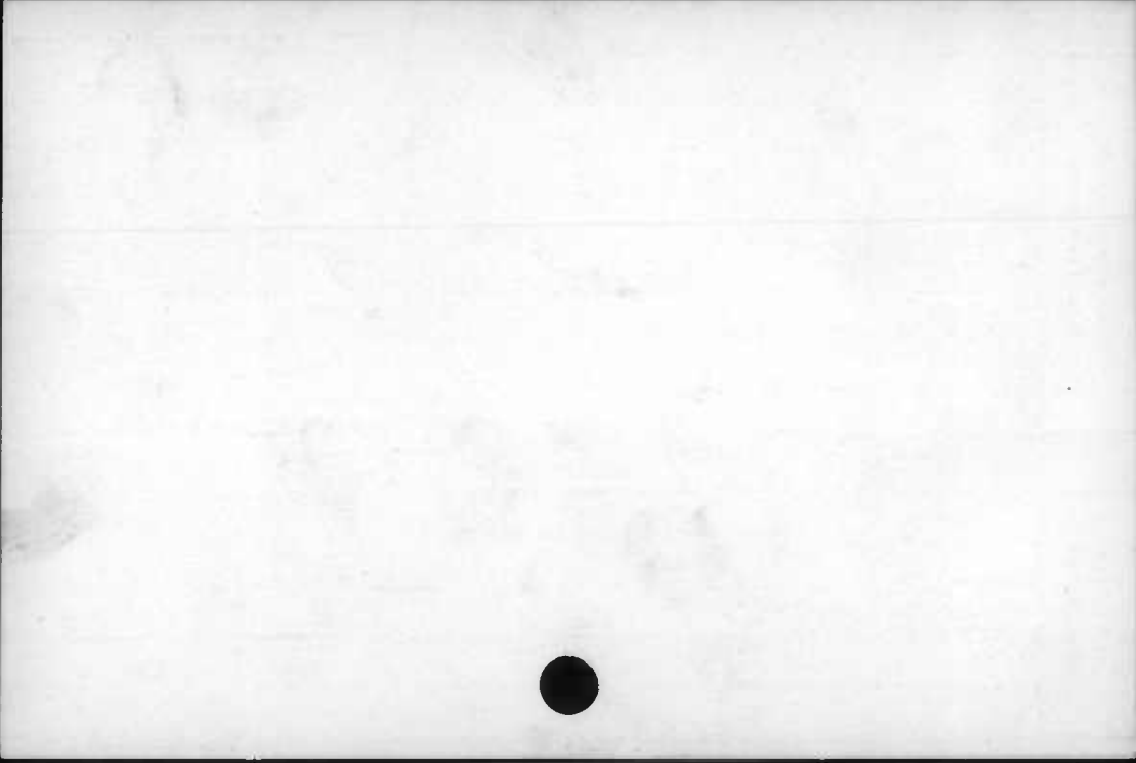
Address

*J. O. Barton
Acting Coroner.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant of Harry & Lillie Maloney

Died at *Chesapeake Junction P.G.* *County* *MARYLAND*

Date of death *1909* *1* *3* *3* *Age* *5* *Months* *5* *Days*

Sex *male* Color or Race *white* Birth-place *md*

Occupation *none* Where Residing if not at place of death

~~Married, Single or Widowed~~ *Single* Name of Wife or Husband

Father's Name *Harry Maloney* Father's Birthplace *N York*

Mother's Maiden Name *Lilly* Mother's Birthplace *md*

Name of person giving Information *Harry Maloney* How related to deceased *Father*

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary *Patient's Trauma* *Life*

Immediate *Apnea* *"*

Are the name, age, sex, color, date and place correctly given above? *yes*

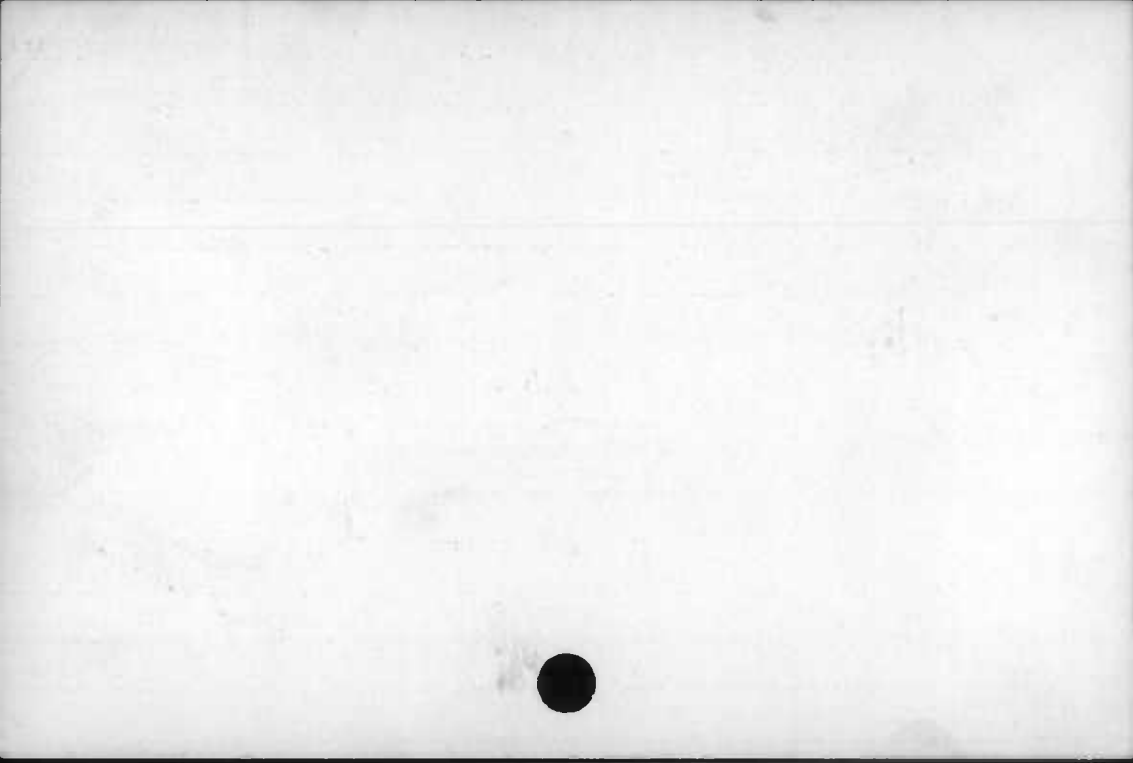
Signature of Physician *A.W. Boswell*

Address *928. Mid ave N.E. Washington D.C.*

Accident or Suicide



Name in Full		Richard C. Milburn				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Riversdale</u> <small>Town</small>		<u>Prager</u> <small>County</small>		MARYLAND	
		Date of death <u>1909</u>	<u>1</u> <small>Month</small>	<u>10</u> <small>Day</small>	<u>1</u> <small>Years</small>	<u>8</u> <small>Months</small>	<u>—</u> <small>Days</small>
		Sex <u>male</u>		Color or Race <u>white</u>		Birth-place <u>md</u>	
		Occupation <input checked="" type="checkbox"/>		Where Residing if not at place of death <input checked="" type="checkbox"/>			
		Married, Single or Widowed <input checked="" type="checkbox"/>		Name of Wife or Husband <input checked="" type="checkbox"/>			
		Father's Name <u>Leaves C. Milburn</u>		Father's Birthplace <u>Va.</u>			
		Mother's Maiden Name <u>Jessie M. Milstead</u>		Mother's Birthplace <u>D.C.</u>			
Name of person giving information <u>Leaves C. Milburn</u>		How related to deceased <u>father</u>					
7		CAUSES OF DEATH				93	
PHYSICIAN OR CORONER		Primary <u>Lobar Pneumonia</u>		How long <u>5 days</u>			
		Immediate <u>Cardiac asthenia</u>		How long <u>6 hours</u>			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Thos E. Palmer</u>			
				Address <u>Hyattsville md</u>			
		Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

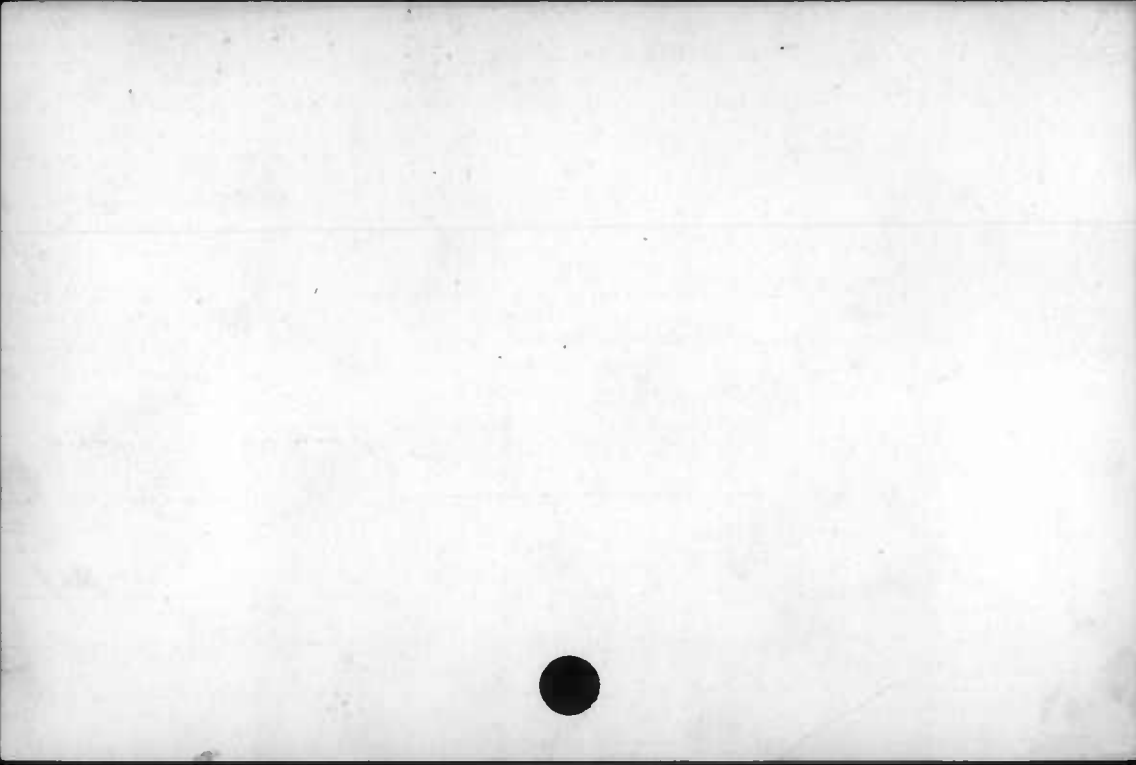
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Beltsville</i> Town		<i>Prince Geo</i> County		MARYLAND	
Date of death <i>1909 Jan</i>	Month	Day <i>28</i>	Years <i>2</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Beltsville</i>		
Occupation			Where Residing if not at place of death <i>Beltsville</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>John Moore</i>	Father's Birthplace <i>Virginia</i>				
Mother's Maiden Name <i>Margha Moore</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>John James</i>			How related to deceased <i>Uncle</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Drooping Cough</i>	How long <i>1 Month</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. O. Parker, Sub. Reg.</i>
<i>Yes</i>	Address <i>Acting Coroner</i>
Accident or Suicide?	



Name
in
Full

David S. Morgan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Mt Rainier ^{County} P.S. MARYLAND

Date of death 1909 ^{Month} Jan ^{Day} 24 ^{Years} Age 67 ^{Months} ^{Days}

Sex Male Color or Race white Birth-place H. Z. Pa.

Occupation Painter Where Residing if not at place of death Mt Rainier

Married, Single or Widowed married Name of Wife or Husband Lizzie J. Morgan

Father's Name Hiram Morgan Father's Birthplace Pa.

Mother's Maiden Name Huldah Edertom Mother's Birthplace Pa.

Name of person giving information Lizzie J. Morgan How related to deceased Wife.

CAUSES OF DEATH

93

Primary Pneumonia How long 3 weeks

Immediate Anemia How long

Are the name, age, sex, color, date and place correctly given above?

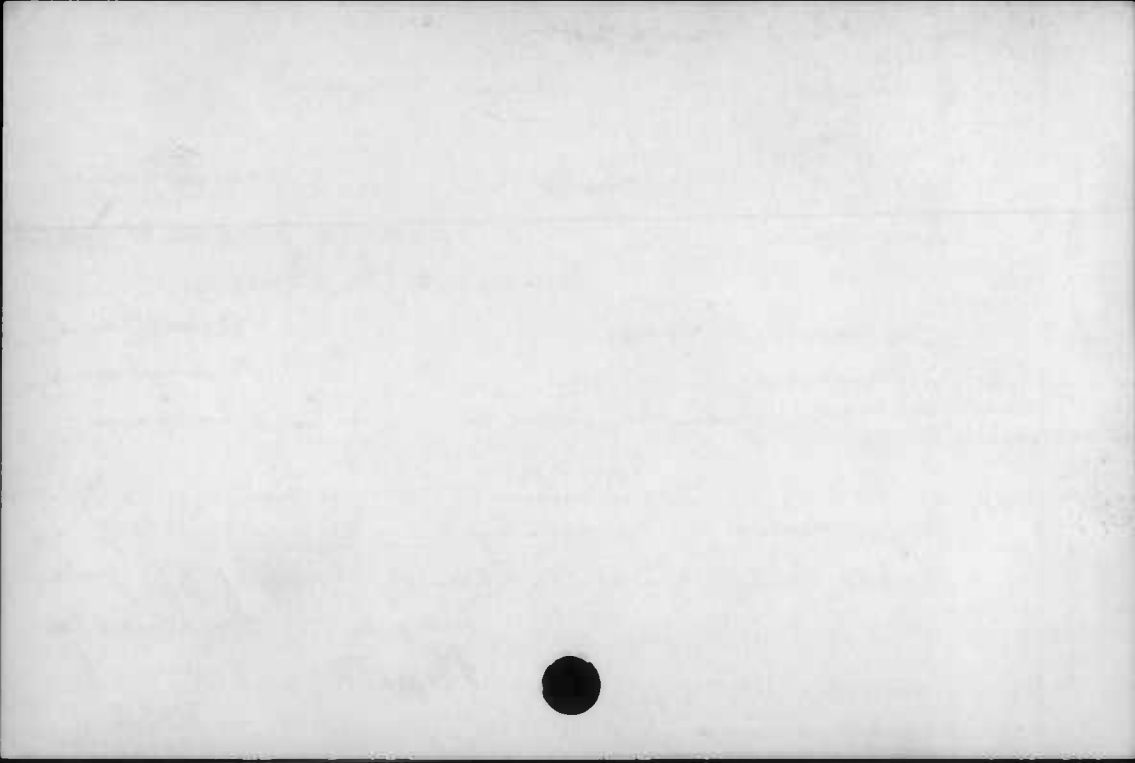
Yes

Signature of Physician

Address

John D. Doney
26 & R.I. Ave N.E.
Washington D.C.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John A. Power

MARYLAND

Died at *Rivindale*

Town

Prince George

County

Date of death *1909 Jan*

Month

Day

Age *72*

Years

Months *5*

Days

Sex *Male*Color or Race *White*Birth-place *Maryland*Occupation *Plumber*Where Residing if not at place of death *128-22 St N.W. Wash DC*

Married, Single or Widowed

Name of Wife or Husband

*Harriet E. Power*Father's Name *Thomas Power*Father's Birthplace *Maryland*Mother's Maiden Name *Susan Farre*Mother's Birthplace *Maryland*Name of person giving information *Mrs John A. Power*How related to deceased *Wife*

CAUSES OF DEATH

90

Primary *Bronchitis & Senility*How long *Two weeks*Immediate *Weak Heart & Senile changes*How long *History of 5 years*Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Joseph N. Gardner M.D.

Address

*Hyaltsried**Red*Accident or Suicide? *Neither*PHYSICIAN
OR CORONER



Name
in
Full

Addison B Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Laurel</i>		County <i>Prince George</i>		MARYLAND	
Date of death		Month <i>Jan.</i>	Day <i>24</i>	Age <i>78</i>	Years	Months	Days
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>			
Occupation <i>Business Broker</i>		Where Residing if not at place of death <i>Washington D.C.</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mrs A B Smith</i>					
Father's Name <i>Unknown</i>				Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Unknown</i>				Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>R. D. Smith</i>				How related to deceased <i>Son</i>			

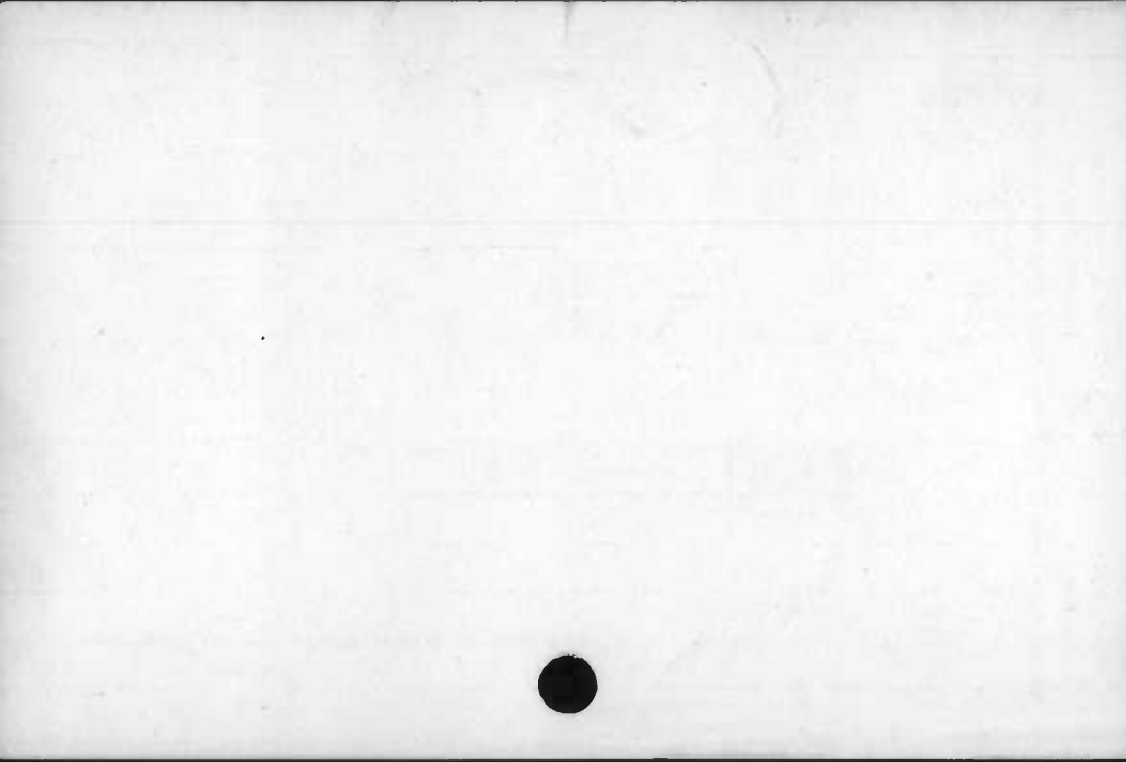
7

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<i>Apoplexy</i>	How long	<i>4 mos.</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Amelud Reese MD</i>	
Address		<i>The Laurel Sanitarium</i>	
Accident or Suicide?		<i>Laurel, Md.</i>	
<i>neg.</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Saund</u> Town		<u>Thomas</u> County		MARYLAND	
Date of death	<u>1909</u>	Month	<u>Jan.</u>	Day	<u>5</u>
Age		Years		Months	<u>11</u>
Sex	<u>Male</u>	Color or Race	<u>black.</u>	Birth-place	<u>Saund. Md.</u>
Occupation		Where Residing if not at place of death			
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband			
Father's Name	<u>Mr. Thomas.</u>			Father's Birthplace	<u>Md.</u>
Mother's Maiden Name	<u>Saura Powell</u>			Mother's Birthplace	<u>Md.</u>
Name of person giving information	<u>Mr. Thomas.</u>			How related to deceased	<u>father.</u>

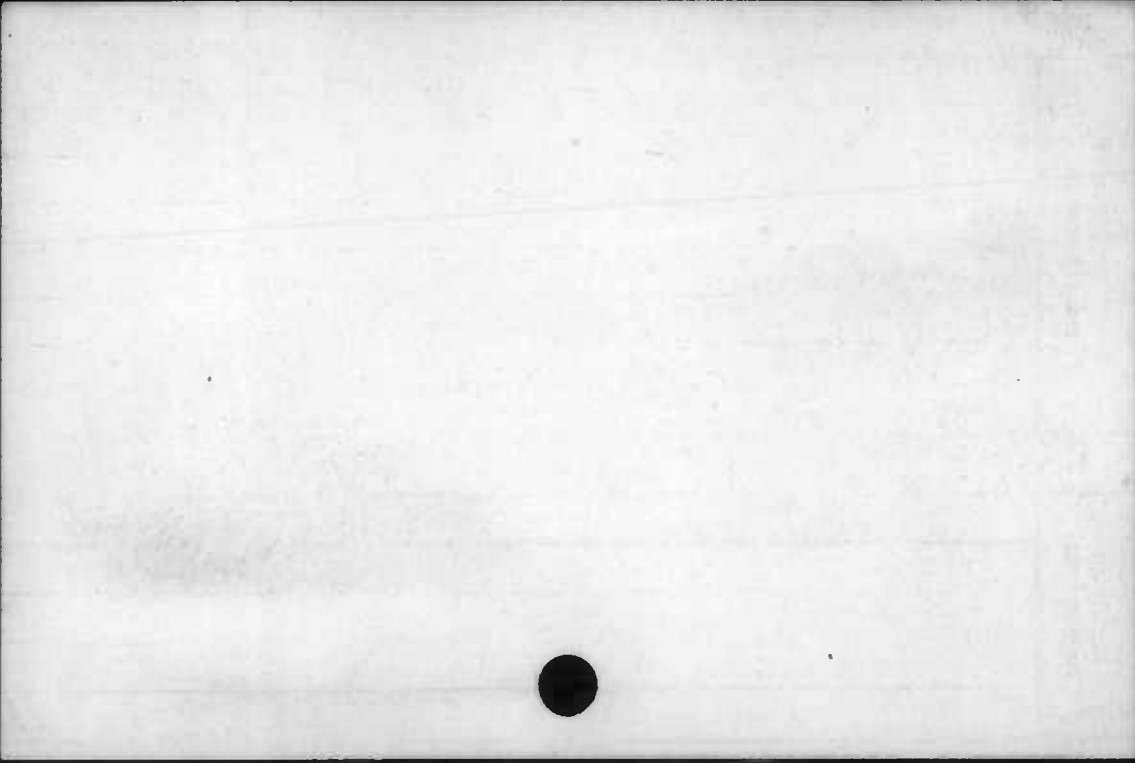
7

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary	<u>Infantile Convulsions</u>	How long	<u>4 days.</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		<u>Yes.</u>	
Signature of Physician		<u>H. B. C. Barclay.</u>	
Address		<u>Saund.</u>	
Accident or Suicide?		<u>No.</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

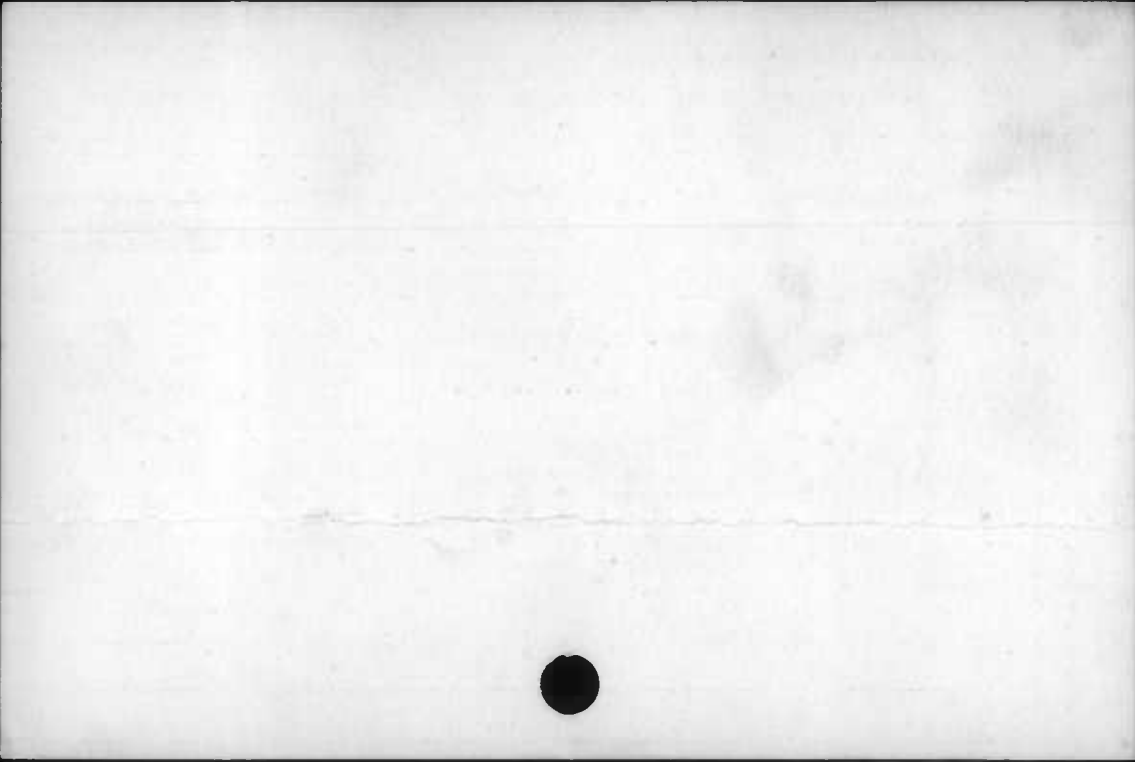
Died at <i>Farmington Heights</i> ^{Town} <i>Georgio's</i> ^{County}		MARYLAND	
Date of death	1909 Jan 13	Age	1
Sex	female	Color or Race	white
Occupation	infant	Birth-place	Maryland
Where Residing if not at place of death			
Married, Single or Widowed	single	Name of Wife or Husband	
Father's Name	Orson Tucker	Father's Birthplace	Maryland
Mother's Maiden Name	Harriett A. Hayes	Mother's Birthplace	Maryland
Name of person giving information	Orson Tucker	How related to deceased	father

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>pneumonia</i>	How long	7 days.
Immediate	<i>asthenia</i>	How long	2 hrs.
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	<i>J. M. Brady</i>
		Address	<i>Kenilworth, N. C.</i>
Accident or Suicide?			



Name
in
Full

Stella Turner

CERTIFICATE OF DEATH

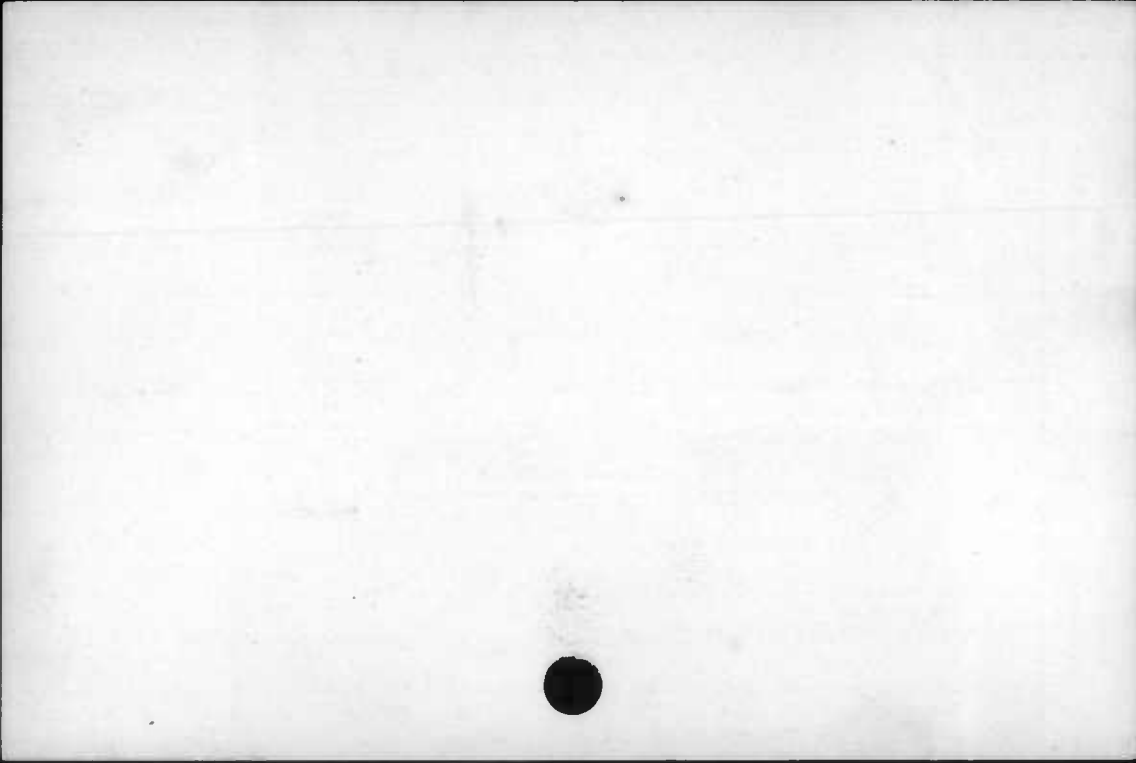
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Burtsville</u> Town		<u>Prince Geo.</u> County		MARYLAND	
Date of death	1904	Month	Jan.	Day	29
Age	1	Years		Months	
Sex	Female	Color or Race	Colored	Birth-place	Burtsville
Occupation			Where Residing if not at place of death	Burtsville	
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	James Turner			Father's Birthplace	
Mother's Maiden Name	Sophia Barton			Mother's Birthplace	MD.
Name of person giving information	Sophia Barton			How related to deceased	Mother

CAUSES OF DEATH

Primary	<u>Whooping Cough</u>	How long	<u>6 months</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>J. O. Parker</u>
		Address	<u>Acting Coroner.</u>
<u>Accident or Suicide?</u>			

PHYSICIAN
OR CORONER



Name
in
Full

Chas. M. Waters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Brentwood</u> <small>Town</small>		<u>Pa</u> <small>County</small>		MARYLAND	
Date of death <u>1909</u>	Month <u>Jan</u>	Day <u>16</u>	Age <u>49</u>	Months <u>no</u>	Days <u>no</u>
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Frederick Md</u>		
Occupation <u>Skilled laborer</u>	Where Residing if not at place of death <input checked="" type="checkbox"/>				
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Ellen E Waters</u>				
Father's Name <u>Rich S Waters</u>	Father's Birthplace <u>Md</u>				
Mother's Maiden Name <u>Annie Hobbs</u>	Mother's Birthplace <u>Md</u>				
Name of person giving information <u>Chas V Iserman</u>	How related to deceased <u>Bro-in-law</u>				

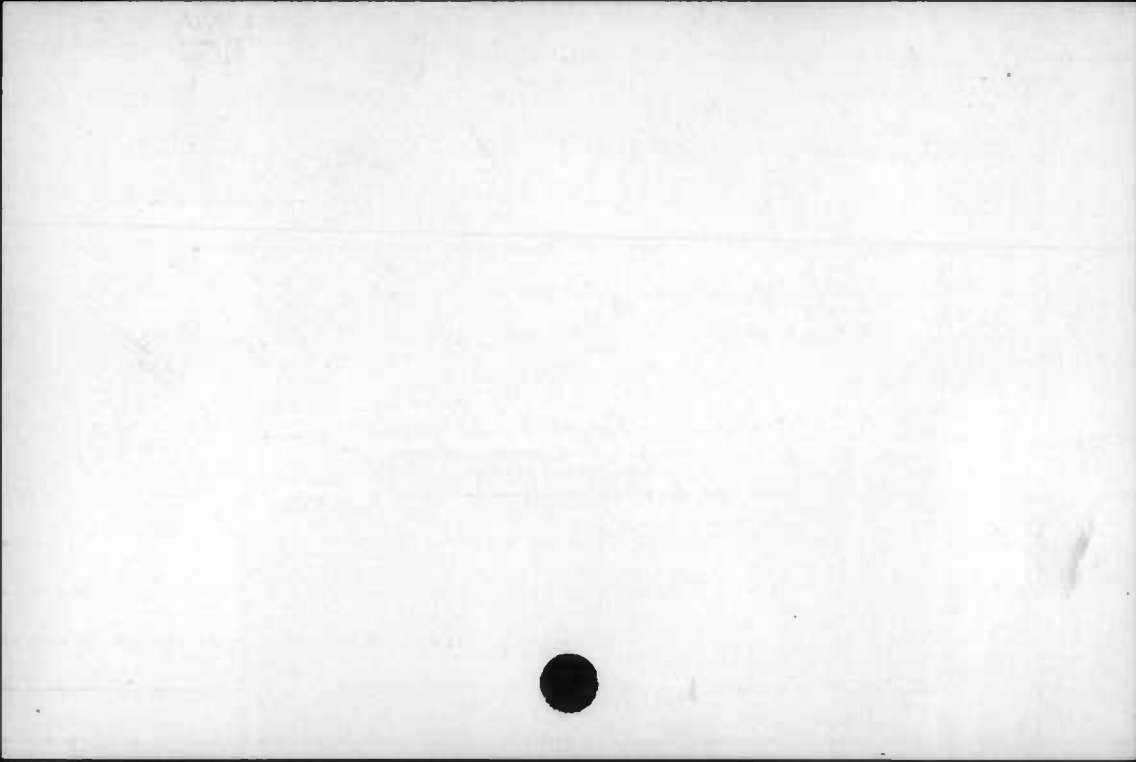
9

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <u>Nephritis</u>	How long <u>2 yrs</u>
Immediate <u>Pulmonary Oedema</u>	How long <u>1 mo</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Wm H. Ratermiller</u>
	Address <u>Hyattonville Md</u>
Accident or Suicide? <u>neither</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDJohn Hamilton Windsor
Died at Crown Town Prince George County MARYLANDDate of death 1909 Jan 11 Age _____ Years _____ Months _____ Days 7
Sex male Color or Race white Birth-place Md
Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name Wade Hamilton Windsor Father's Birthplace Md.
Mother's Maiden Name Mary Alice Redwell Mother's Birthplace Md.
Name of person giving information Wade Hamilton Windsor How related to deceased father

CAUSES OF DEATH

151

Primary Jaundice How long 7 days
Immediate _____ How long _____

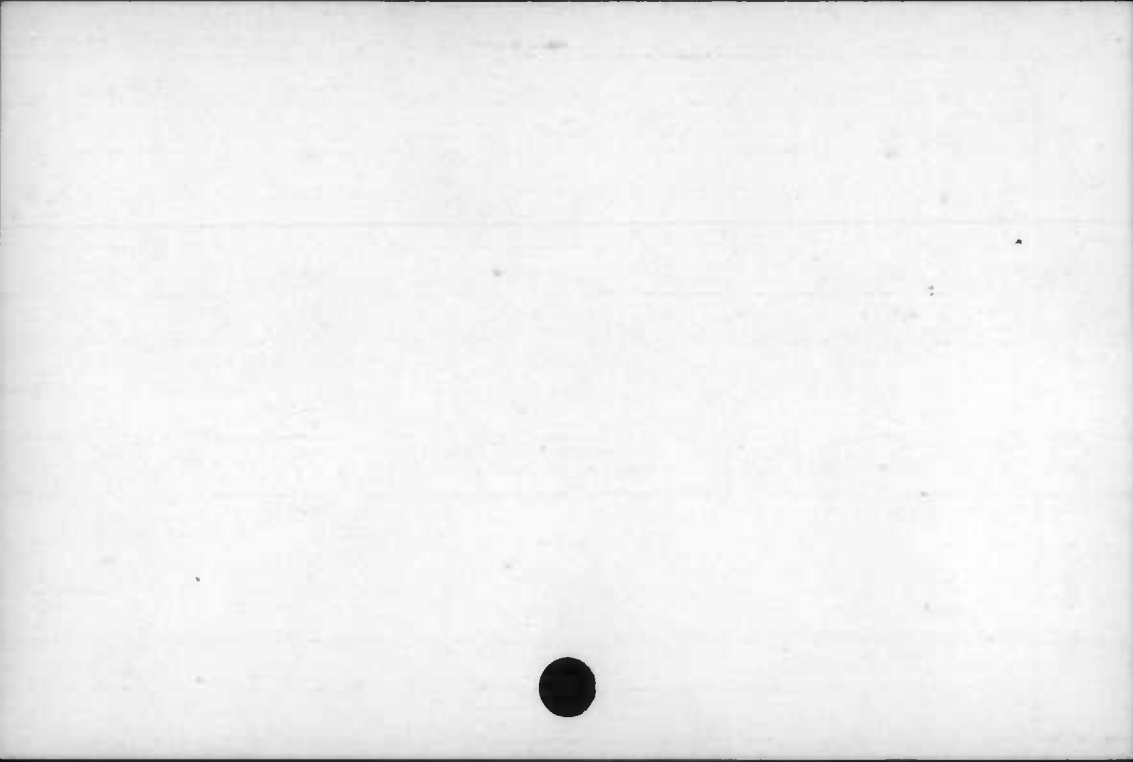
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Ernest H. Garner

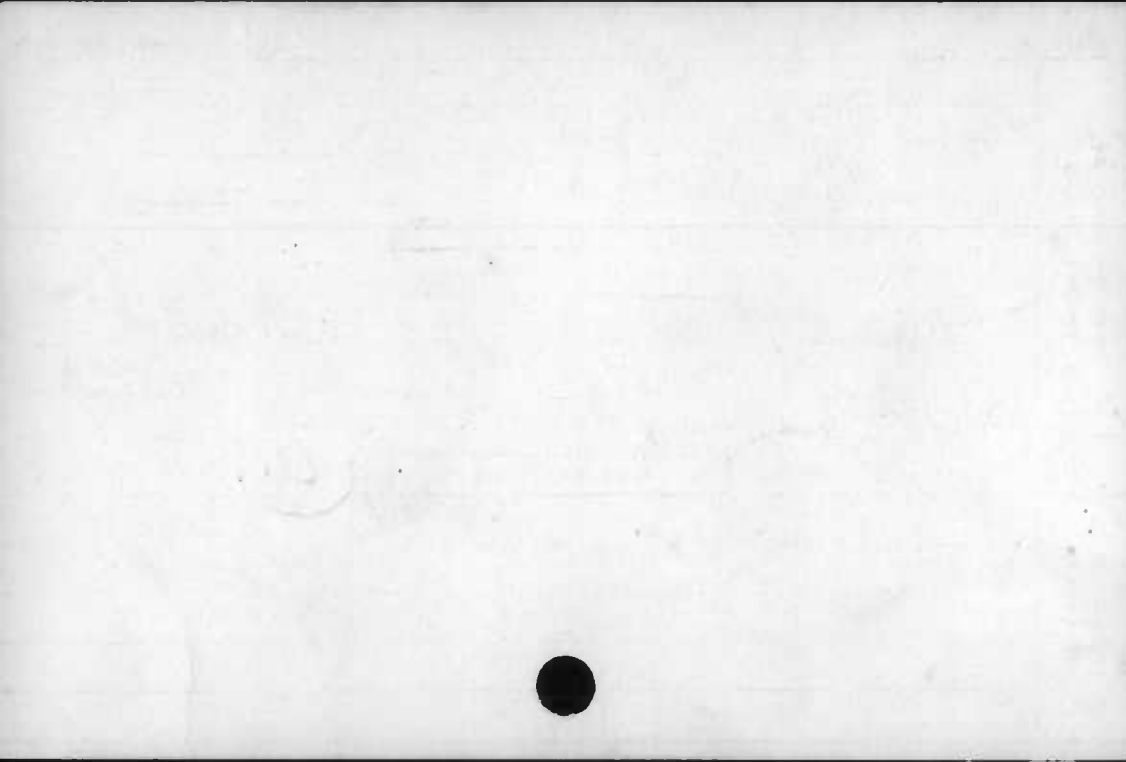
Address

Accident or Suicide? _____

Act coroner
Northbay Md.PHYSICIAN
OR CORONER



Name in Full		Edward F. Wissmann				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Mt Rainier		County Pr Geo		MARYLAND
	Date of death	1909	Month Jan	Day 13	Years 47	Months	Days
	Sex	Male		Color or Race	White		Birth-place Md.
	Occupation	Stair builder			Where Residing if not at place of death ✓		
	Married, Single or Widowed	Married		Name of Wife or Husband	Arlene E. Wood		
	Father's Name	Henry Wissmann				Father's Birthplace	Md
	Mother's Maiden Name	Laura Hall				Mother's Birthplace	Md
Name of person giving information	Beryl F. Wissmann				How related to deceased	brother	
<div style="display: flex; justify-content: space-between;"> 7 <div style="border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; font-size: 2em;">64</div> </div>							
PHYSICIAN OR CORONER	Primary		Apoplexy			How long 2 days	
	Immediate		Cerebral pressure			How long 12 hours	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		Thos E. Ratimer	
				Address		Hyattsville Md	
Accident or Suicide?							



Name
in
Full

Edith Wood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Centerville</u> Town <u>P. G.</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>Jan</u>	Day <u>22^d</u>	Years <u>2</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Ind</u>	Months <u>—</u>
Occupation <u>House</u>	Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband	
Father's Name <u>Joshua Wood</u>		Father's Birthplace <u>Ind</u>	
Mother's Maiden Name <u>Ferguson</u>		Mother's Birthplace <u>Ind</u>	
Name of person giving information <u>Joshua Wood</u>		How related to deceased <u>Father</u>	

CAUSES OF DEATH

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Primary <u>C, spinal meningitis</u>	How long <u>5 days</u>
Immediate <u>C, Brain</u>	How long <u>12 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. F. Leaning</u>
	Address <u>Belvidere</u>
Accident or Suicide? <u>—</u>	

PHYSICIAN
OR CORONER



Name
in
Full

Willie L Wood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Meadows</i>		Town <i>P. Gange</i>		County		MAYLAND	
Date of death <i>1909</i>	Month <i>1</i>	Day <i>25</i>	Age	Years	Months	Days <i>16</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>md</i>			
Occupation <i>none</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Josh Wood</i>				Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Nellie Ferguson</i>				Mother's Birthplace <i>md</i>			
Name of person giving Information <i>Josh Wood</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebro Spinal</i>	How long <i>1 week</i>
Immediate <i>Meningitis</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. S. Waring</i>
	Address <i>Chesapeake</i>
Accident or Suicide <i>Neither</i>	<i>md</i>

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